

LPDC FORM 1

Individual Professional Development Plan

Chesapeake Union Exempted Village School District

Name _____ Date _____

Current License Information	Issue Date	Expiration Date
1.		
2.		
3.		

Present Assignment\Building\Grade Level\Dept. - _____

1. List two or more goals, relating them to the district's CCIP plan, personal growth targets, and student achievement.

2. What do you hope to achieve by your participation in professional development activities as they relate to your goals?

3. List the types of activities that you plan to complete in order to achieve your goals.

_____ Approved by LPDC

Signature of Chair : _____

Date: _____

Please submit five (5) copies