

LPDC FORM 5

Individual Professional Development Plan

Chesapeake Union Exempted Village School District

Name _____ Date _____

Professional Development
Activity/Title _____

Date Completed _____

_____ Number of Contact Hours (Signature required only if no certificate of completion with contact hours is received at workshop)

Signature of Administrator/Presenter/Facilitator

Please keep this form with other LPDC documentation for renewal.