

**Trotwood Madison City Schools**  
**Individual Professional Development Plan / Goal Sheet**

Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Building/Assignment: \_\_\_\_\_

Type of Certificate/License: \_\_\_\_\_

Area of Licensure: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Plan Type**

- Initial Proposal
- Revised Proposal
- Amended Proposal

IPDP Effective Date: From \_\_\_\_\_ to \_\_\_\_\_

**Renewal Cycle**

- Transitioning from certificate to license
- 1<sup>st</sup> renewal of 5-year license
- 2<sup>nd</sup> renewal of 5-year license
- 3<sup>rd</sup> renewal of 5-year license

**Smart Goals:** List 3-5 Smart Goals for your professional development learning. Within each Smart Goal include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for & application of learning. Indicate which Ohio Educator Standard(s) each goal reflects.

**Goal 1**

**Educator Standard**

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**Goal 2**

**Educator Standard**

**Goal 3**

**Educator Standard**

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**Additional Goals** (if applicable):

DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.

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Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_