

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
- 1st renewal of 5-year license
- 2nd renewal of 5-year license
- 3rd 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.

Revise/Resubmit

Revision Advice:

-OR-

Approved as written

Approval Signature: _____ Date: _____