

**Wellington Exempted Village Schools
Individual Professional Development Plan / Goal Sheet**

Name:	Submission Date:
Building/Assignment:	
Type of Certificate/License:	
Area of Licensure:	
Issue Date:	Effective Date:
	Expiration Date:
Plan Type Select one: <input type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
IPDP Effective Date: <i>From</i> _____ <i>to</i> _____	
Renewal Cycle Select one: <input type="checkbox"/> Transitioning from certificate to license <input type="checkbox"/> 1 st renewal of 5-year license <input type="checkbox"/> 2 nd renewal of 5-year license <input type="checkbox"/> 3 rd + renewal of 5-year license	
Goals List 3-5 goals for your professional development learning. Within each 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. (See <i>sample goal below.</i>)	
Sample Goal: <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> Educator Standards: <i>Teacher Standard #1, Teachers understand student learning & development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning & achievement for all students.</i>	
Goal 1 Educator Standard	
Goal 2 Educator Standard	
Goal 3 Educator Standard	

Make sure to include a printout of your ODE history and attach to this form.

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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** _____