

Tiffin City Schools LPDC Proposed Individual Professional Development Plan

Section I

Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail address _____

Check one - Initial Proposal _____ Date _____

Revised Proposal _____ Date _____

Section II

List all Certificates or Licenses by Number	Provisional	Professional	Areas	Issue Date	Expiration Date

Educator's Signature _____ Date _____

LPDC _____ Date _____

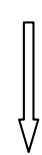
Approved _____ Date _____

Denied _____ Date _____

Revised _____ Date _____

Submit to: Local Professional Development Committee
c/o Tiffin City Schools, 244 South Monroe Street
Tiffin, Ohio 44883

Individual Professional Development Plan (continued)



Note:
Goals connect to District CIP and to teaching assignment

Section III

List your professional development goals as they relate to your Building and District CIP. (see example on line)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Briefly explain how these goals relate your IPDP to the needs of the district, school and students.

List proposed activities:

Group#	Activity/College/Date completed or anticipated completion.	CEU's
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remember:
Your total must equal 18 CEUs
Your IPDP needs to be reviewed by the LPDC
Plan ahead. Know your time line and due dates.

Tiffin City Schools LPDC
Group 2 Activity Approval/Verification Form
(complete a new form for each activity)

Name _____

Type of Activity _____

Completion Date _____

Educator's Signature _____

Describe the impact this activity will have on your professional development and how it helps meet your professional development goals.

Date	Hours	Description of Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____

LPDC Coordinator Signature

Phone Number of Coordinator

Tiffin City Schools LPDC Group 3 Activity Approval/Verification Form

Name _____

Type of Activity _____

Outline of Project

Objective/Purpose:

Method:

Materials:

Time Lines:

Date	Hours	Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evaluation of Outcome:

Reflection: Describe what you have learned through this activity and explain how it impacts your professional development.

Completion Date _____

Educator's Signature _____

LPDC Signature _____ Date _____

Tiffin City Schools LPDC Reading Log

Name _____ Date Submitted: _____

Book/Journal/Article Bibliography: _____

Date

Hours

Pages

Total Hours= _____

How Do I Convert Hours? Conversion Chart

Semester Hours	Quarter Hours	C.E.U.
1/3	1/2	1
2/3	1	2
1	1.5	3
1 1/3	2	4
1 2/3	2.5	5
2	3	6
2 1/3	3.5	7
2 2/3	4	8
3	4.5	9
3 1/3	5	10
3 2/3	5.5	11
4	6	12
4 1/3	6.5	13
4 2/3	7	14
5	7.5	15
5 1/3	8	16
5 2/3	8.5	17
6	9	18
7	10.5	21
8	12	24
9	13.5	27
10	15	30
11	16.5	33
12	18	36
13	19.5	
14	21	
15	22.5	
16	24	
17	25.5	
18	27	
19	28.5	
20	30	
21	31.5	
22	33	
23	34.5	
24	36	
25	37.5	
26	39	
27	40.5	
28	42	
29	43.5	
30	45	

Tiffin City Schools LPDC Final Requirement

(Must be submitted during the last year of your renewal/application for license)
Form C

Please submit this form with required verification documents and fees following the completion of all requirements for license renewal. Include a copy of your original IPDP.

Name _____ Date Submitted _____

Home Address _____ CSZ _____

License/Certificate Number Renewing _____ Area _____

Expiration Date _____

Group Activity	Hours Permitted	Semester Hours	Clock Hours Completed	CEU's	Documentation
1	0-180				official transcripts, CEU's or attendance certificates
2	0-130				Group 2 Activity Verification Form
3	0-130				Group 3 Activity Verification Form
		Total Hours			Must total 180 clock hours = 18 CEU's

Educator's Signature _____ Date _____

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Tiffin, Ohio 44883

LPDC Signature _____ Date _____