

**CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT
CPDC VERIFICATION OF APPROVAL OF:
THE RENEWAL PROCESS
and
THE INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

TO: _____

Name of Applicant

Building

Home Address

City

State

Zip Code

On _____ the Carrollton Professional Development Committee:

Date

- Reviewed the Verification Form for Certification Renewal, transcripts and/or CEU certificates, and your renewal application, and verified the information stated was correct. Appropriate forms were sent to ODE for processing.
- Reviewed and approved your Individual Professional Development Plan (IPDP) . This approved plan should provide a framework for selection of all professional growth experiences over the next _____ years as you proceed with the process of fulfilling Professional Development (PD) requirements for your next renewal.
- Accepted and endorsed your previously approved IPDP from _____.

Please be aware of the following important guidelines:

- Revisions to your approved IPDP are sometimes necessary and/or appropriate. Should you need to make changes to your approved IPDP, submit a revised IPDP to the committee for approval prior to beginning any course work or CEU activity not addressed in your current IPDP.
- Equivalent Other Activities (EOAs) not listed as typical CEU experiences in the **Individual Professional Development Options** must be approved by the CPDC prior to your beginning the activity.
- Work in at least three Domains/Goals must be evident when teachers submit the summary of completed PD work for the next renewal. (For administrators - four ISLLC Competencies; for treasurers - four areas of Concentration). We suggest equal distribution of the six hours and/or 18 CEUs across the three Domains/Goals, Competencies, or Concentrations.
- The renewal process can be initiated any time after January 1 of the year your certificate/license expires if your hours/CEUs requirements are completed.
- If you make no revisions to your approved IPDP, your next scheduled responsibility to the LPDC will be the next renewal process for your certificate(s)/license(s).

CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT

CARROLLTON PROFESSIONAL DEVELOPMENT COMMITTEE

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

BASIC INFORMATION

Please complete the following (type or print):

Name _____ Date _____
 Building _____ District _____
 Home Address _____

Phone Number: _____ email: _____

Current Teaching/Administrative Assignment

Grade(s) _____ Subject Area(s) _____ Building Level _____ Years _____

Previous Teaching/Administrative Assignment

Grade(s) _____ Subject Area(s) _____ Building Level _____ Years _____

Total Number of Years Teaching/Administrative Experience _____

| | License 1 | License 2 | License 3 |
|--------------------------------------|------------------|------------------|------------------|
| License Identification Number | _____ | _____ | _____ |
| Subject areas listed on this license | _____ | _____ | _____ |
| Expiration date of this license | _____ | _____ | _____ |

| | Certificate 1 | Certificate 2 | Certificate 3 |
|--|----------------------|----------------------|----------------------|
| Certificate Identification Number | _____ | _____ | _____ |
| Type of certificate (Prov. Or Prof.) | _____ | _____ | _____ |
| Subject areas listed on this certificate | _____ | _____ | _____ |
| Expiration date of this certificate | _____ | _____ | _____ |

Please note: This completed and signed five page IPDP (Form #1 & Form #2) must be submitted to the superintendent's office at the same time you submit your completed license/certificate renewal packet.

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN
(Teachers)

Name _____

Date _____

Recently enacted higher performance expectations place on public schools have brought with them a near mandate that **ALL** professional development for teachers be aligned with goals and activities that assure improvement in student achievement. Goals I thru IV and the activities listed that support those goals are derived from nationally researched-based fieldwork (Pathwise) that has proven successful in improving student achievement. Goal V and the activities listed that support this goal have been developed for those educators whose Professional Development Activities/Plans include assisting other educators grow professionally.

To complete your Individual Professional Development Plan (IPDP) please select **three** of the five goals listed below as your Professional Development Goals. Under **each goal** you have selected, please select **two** Professional Development Activities that appropriately describe professional development activities in which you plan to participate over the **next five years**.

Domain A

Goal 1: TO IMPROVE MY PROFESSIONAL COMPETENCY AND PROFICIENCY LEVELS IN KNOWING AND ORGANIZING CONTENT KNOWLEDGE FOR STUDENT LEARNING.

Activities:

*I will participate in college or university course work, CEU experiences, and/or EOA options that will provide opportunities to acquire and implement higher level knowledge, skills, and/or techniques **so that I***

- A1. Will become **familiar with my students' background, knowledge, and experiences.**
- A2. Will be able to **articulate clear and appropriate learning goals for my students.**
- A3. Will be able to **demonstrate a connection between learned content, current content, and current yet to be learned.**
- A4. Will be able to **select student-appropriate teaching methods, learning activities, technology, materials, and other resources that align with my goals.**
- A5. Will be able to **select student-appropriate evaluation/assessment strategies that align with my goals.**

I plan to earn _____ semester hours and/or _____ CEUs in support of Goal 1. The anticipated completion date for these Professional Development Activities is _____.

Please note: This completed and signed five page IPDP (Form #1 & Form #2) must be submitted to the superintendent's office at the same time you submit your completed license/certificate renewal packet.

Domain B

- Goal II: TO IMPROVE MY PROFESSIONAL COMPETENCY AND PROFICIENCY LEVELS IN CREATING A POSITIVE ENVIRONMENT FOR STUDENT LEARNING.**

Activities:

*I will participate in college or university course work, CEU experiences, and/or EOA options that will provide opportunities to acquire and implement higher level knowledge, skills, and/or techniques **so that I***

- B1. Will be able to **develop and maintain a climate that promotes fairness.**
- B2. Will be able to **develop and maintain rapport with students.**
- B3. Will be able to **communicate challenging learning expectations to students.**
- B4. Will be able to **establish and maintain consistent classroom behavior standards.**
- B5. Will be able to **keep the physical environment safe and conducive to learning at all times.**

I plan to earn _____ semester hours and/or _____ CEUs in support of Goal 1. The anticipated completion date for these Professional Development Activities is _____.

Domain C

- Goal III: TO IMPROVE MY PROFESSIONAL COMPETENCY AND PROFICIENCY LEVELS IN CREATING A POSITIVE ENVIRONMENT FOR STUDENT LEARNING.**

Activities

*I will participate in college or university course work, CEU experiences, and/or EOA options that will provide opportunities to acquire and implement higher level knowledge, skills, and/or techniques **so that I***

- C1. Will be able to **make goals and instructional procedures clear to students.**
- C2. Will be able to **make content comprehensible to students.**
- C3. Will be able to **encourage students to extend their thinking.**
- C4. Will be able to **monitor students' understanding of content, provide feedback, and adjust learning activities accordingly.**
- C5. Will be able to **use instructional time effectively and efficiently.**

I plan to earn _____ semester hours and/or _____ CEUs in support of Goal 1. The anticipated completion date for these Professional Development Activities is _____.

Domain D

Goal IV: TO IMPROVE MY COMPETENCE AND PROFICIENCY LEVELS IN TEACHER PROFESSIONALISM.

Activities

*I will participate in college or university course work, CEU experiences, and/or EOA options that will provide opportunities to acquire and implement higher level knowledge, skills, and/or techniques **so that I***

- D1. Will be able to **reflect on and determine the extent to which learning goals were met.**
- D2. Will be able to **demonstrate my teaching effectiveness.**
- D3. Will be able to **build productive professional sharing relationships with colleagues.**
- D4. Will be able to **communicate more effectively with parents/guardians regarding student progress.**

I plan to earn _____ semester hours and/or _____ CEUs in support of Goal 1. The anticipated completion date for these Professional Development Activities is _____.

Goal V: TO IMPROVE MY PROFESSIONAL COMPETENCY AND PROFICIENCY LEVELS IN ACTIVITIES THAT ENABLE ME TO ASSIST OTHER PROFESSIONAL EDUCATORS GROW.

Activities

*I will participate in college or university course work, CEU experiences, and/or EOA options that will provide opportunities to acquire and implement higher level knowledge, skills, and/or techniques **so that I***

- 1. Will be able to **provide PD training experiences for other professional educators.**
- 2. Will be able to **supervise/evaluate professional educators in the educational setting.**
- 3. Will be able to **share higher level knowledge, skills, and/or techniques with other professional educators.**
- 4. Will be able to **support the acquiring of additional instructional and/or PD resources through local, state, and national sources. (Example: Grant writing)**

I plan to earn _____ semester hours and/or _____ CEUs in support of Goal 1. The anticipated completion date for these Professional Development Activities is _____.

Name _____

Assurances:

The following statements verify assurance that you have selected a Professional Development Plan that is a quality plan, customized to suit your individual professional needs, aligned with your school and district goals, and designed to make you a better teacher. **Please circle the appropriate response to each statement.**

- | | | | |
|----|---|-----|----|
| 1. | My IPDP goals and activities are related to student learning. | YES | NO |
| 2. | My IPDP activities are closely related to the subject(s) I teach. | YES | NO |
| 3. | My IPDP goals align to building and district goals. | YES | NO |
| 4. | Completion of my IPDP will make me a better teacher. | YES | NO |
| 5. | My IPDP represents a prioritized, focused, and sustained plan to improve. | YES | NO |
| 6. | The PD experience I choose to fulfill my activities selections will be quality and challenging experiences. | YES | NO |

I certify that the informational items and responses provided in this IPDP are true and accurate to the best of my knowledge.

Teacher's Signature

Date

| | |
|--|--|
| To be completed by Carrollton Professional Development Committee only | |
| _____ Approved as submitted | _____ Not approved; resubmit with revision(s) noted <u>below</u> by: _____ DATE |

Revisions recommended by CPDC committee:

- _____
- _____