

**CARLISLE LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN FOR LICENSURE**

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Grade Level/Subject: \_\_\_\_\_

Certificate Being Renewed: \_\_\_\_\_ Expires: \_\_\_\_\_

Professional Goal(s)/Five-Year Plan: (related to mission statement and academic area)	Which teaching standard does goal address? Utilize the Standards for Ohio Educators resource book or ODE website.						
	1	2	3	4	5	6	7
1. _____ _____	1	2	3	4	5	6	7
2. _____ _____	1	2	3	4	5	6	7
3. _____ _____	1	2	3	4	5	6	7
4. _____ _____	1	2	3	4	5	6	7
5. _____ _____	1	2	3	4	5	6	7

**Options Available to Accomplish Professional Goals:**

1. College coursework (6 semester OR 9 quarter hours)
2. Contact Hours (180 hours)
3. Combination of Above

Applicant Signature: \_\_\_\_\_

**To be completed by LPDC Committee:**

LPDC Review Date: \_\_\_\_\_

APPROVED

REVISIONS RECOMMENDED (see attached)

LPDC Signature: \_\_\_\_\_

Mid-Cycle Review by LPDC:

Date: \_\_\_\_\_

PROGRESS

RECOMMENDATIONS (see attached)

**TO BE COMPLETED BY LPDC COMMITTEE!**

**COLLEGE COURSEWORK:**

Course Title	Semester Credit	Date	Forms Submitted and Approved		
			B	C	Grades
<b>TOTAL HOURS:</b>					

**PROFESSIONAL DEVELOPMENT ACTIVITIES:**

Activity Title	Hours	Date(s)	Forms Submitted		
			B	C	Verification
<b>TOTAL HOURS:</b>					

Final approval by LPDC:

Date: \_\_\_\_\_

LPDC Signature: \_\_\_\_\_