

READING LPDC PROFESSIONAL DEVELOPMENT PLAN PROPOSAL

Section I

Educator's Name:	Social Security No.	Submission Date	Zip:
Home Address:	City, State		
Home Phone:	Work Phone:	Email:	
Building:	Assignment:		

CHECK ONE
Initial Proposal <input type="checkbox"/>
Revised Proposal <input type="checkbox"/>

Section II

List All Certificates By Certificate/License Number	Type of Lic/Cert	Area	Issue Date	Expiration Date

Section III

Briefly explain how your goals relate to the district's goals:

Proposed Plan completion date (must be prior to certificate expiration date):

Educator's signature _____ Date: _____ LPDC Signature/Date _____