

# 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 \_\_\_\_\_

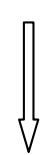
Approved \_\_\_\_\_ Date \_\_\_\_\_

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.

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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 \_\_\_\_\_

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

LPDC Signature \_\_\_\_\_ Date \_\_\_\_\_