

Sandusky City Schools - Local Professional Development Committee

Review Response Sheet for IPDP’s – Individual Professional Development Plans

Continuing Education Options must align with approved goals. Educators may add or revise goals at any time.

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| Educator: | School: | DOB: | Teacher ID# |
| Certificate/License: | Fields: | Issue Date: | Expiration Date: |
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| **Individual Professional Development Plan (IPDP) Proposal*****Holistic Rubric Based on ODE’s Professional Development Standards*** |
| Goals□ Goals are written as SMART Goals |
| Standard 1-Learning Communities□ Plan aligns with sharing responsibility for student learning in the district□ Plan aligns with student needs in district□ Plan shows educator will share knowledge/skills obtained with colleagues, students, and community. |
| Standard 2-Leadership□ Professional Development allows for collaboration opportunities□ Professional Development allows for sharing and leadership opportunities |
| Standard 3-Resources□ Variety of Professional Development Resources; for example, use of technology, workshops, university coursework, etc. |
| Standard 4-Data□ Data has been used to analyze and interpret professional learning needs□ Plan indicates Student/Educator/School Data Systems will be used to assess progress□ Data outcomes will be analyzed following implementation of skills/strategies obtained from Professional Development |
| Standard 5-Learning Design□ Plan allows for collaborating with colleagues, applying learning theories, analyzing student data, observing peers, examining student work, and/or designing shared lessons/assessments which can result in professional learning□ Professional Development is relevant to district needs |
| Standard 6-Implementation□ Professional Development will provide opportunities to create meaningful changes in professional practices and implementation of professional learning |
| Standard 7-Outcomes□ Outcomes from Professional Development align with student/curriculum standards□ Outcomes from Professional Development align with individual needs and performance standards  |
| Plan indicates University Coursework and/or Workshops will be completed | □ Yes | □ No |  |
| Request for Job-Embedded Activity | □ Yes | □ No |  |
| Job-Embedded Request Submitted/Approved for \_\_\_\_\_ hours | □ Yes | □ No | □ N/A |
| **LPDC will accept only Professional Development completed after the date your IPDP was created** **Date Pre-Approved by LPDC \_\_\_\_\_\_\_\_\_\_\_\_** |

**Your IPDP has been: □ Pre-Approved □ Denied**

\*If denied, please make appropriate corrections as requested on your IPDP.

Comments:

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Chairperson’s Signature Date