

Claymont City Schools L.P.D.C.

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

New Plan

Revision of Current Plan

Name:

Date:

Current Certification/License and expiration dates:

Assignment:

Building:

I intend to transition to a license

I intend to renew this license

IPDP Goals and Evaluation

Please list one or more goals that will be addressed by your professional development plan. (i.e., I will learn about a curriculum area, To facilitate student learning by applying the teaching strategies learned in workshops and college courses.)

1.

2.

Anticipated Outcomes

Briefly state how each goal will benefit the following entities:

Claymont Students:

Claymont District:

Yourself:

Evaluation Processes/Measures:

Please state what you will use to determine the effectiveness of your plan in meeting your goals. (i.e., comparison data on class test scores; a notebook or journal recording daily observations and checklists on interaction of students; development of professional portfolio; etc.)

These items must be tangible documents which will provide evidence of successful completion of your plan.

1.

2.

I certify that the information provided in this Individual Professional Development Plan is true and accurate to the best of my knowledge. I plan to meet my goals through college coursework and/or accumulation of C.E.U.'s.

Signature

Date