

Crestwood Local School District

Individual Professional Development Plan *Revision*

Name _____ Social Security # _____
Last First M.I.
(signature)

Explain the revision relative to your current IPDP: (change, add, delete)

GOAL:

To _____

GOAL RELATED ACTIVITIES:

<i>TOPIC</i>	<i>PROVIDER</i>	<i>CREDITS (CEU)</i>	<i>SEM. HRS.</i>

(LPDC use only)

Received by the LPDC _____
Date

IPDP Revision Criteria:

- | | | | | | | | | | | | | | | | | | | | |
|--|---|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|
| <ul style="list-style-type: none"> A. IPDP's relevance to individual, building or district goals must be clear and specific. B. Credits and experience listed, including previously approved IPDP, is sufficient to renew the listed Certificate/Licenses. C. Providers have been approved. D. Activities/hours are related to all areas of Certificate/Licenses listed. E. IPDP revision submission must be legible, thorough, and complete. F. IPDP revision submission is on appropriate forms. G. Original and copy submitted. H. Copy of related IPDP submitted. I. Individually Designed Activity form with seven copies. (if applicable) | <table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | |

LPDC Signature/Approval *Date*

LPDC Signature/NON-Approval *Date*