

**Lordstown Local Schools**  
**Individual Professional Development Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

IPDP Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

List below 2-3 goals for your professional learning. With each goal, list the activities you plan to use to achieve the goal during the IPDP cycle. For each activity described, please list the documentation that will be provided at the IPDP Final Review and the number of credits expected.

**Goal No. 1**

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Activity

\_\_\_\_\_

\_\_\_\_\_

Documentation

\_\_\_\_\_

**Goal No. 2**

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Activity

\_\_\_\_\_

\_\_\_\_\_

Documentation

\_\_\_\_\_

**Goal No. 3**

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Activity

\_\_\_\_\_

\_\_\_\_\_

Documentation

\_\_\_\_\_

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Educator Signature \_\_\_\_\_ Date \_\_\_\_\_