

**Lordstown Local Schools  
Individual Professional Development Plan - Cover Sheet**

**Please complete thoroughly:**

Name	SSN	Phone
Home Address	City/State/Zip	
School (circle one)    elementary school    high school    both	Email Address	
Current Education Assignment (ex. teacher, principal, etc.)		
Grade / Level and Subject		

**Please complete the following for the licenses BEING RENEWED:**

<u>Certificate / License</u> (include license #)	<u>Type</u> (circle which applies)	<u>Issue Date</u>	<u>Expiration Date</u>
	4 yr   5 yr   8 yr		
	4 yr   5 yr   8 yr		
	4 yr   5 yr   8 yr		
	4 yr   5 yr   8 yr		
	4 yr   5 yr   8 yr		

Educator's Signature \_\_\_\_\_

Date of Submission \_\_\_\_\_

**LPDC USE ONLY**

Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_

First Revision: \_\_\_\_\_  
(date)

Second Revision: \_\_\_\_\_  
(date)

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

