Hancock County Local Professional Development Committee Individual Professional Development Plan Proposal

Section I

Educator's Name		Submission Date		
Birth Date (mm/dd/yy)		Email		
Home Address	City	CityStateZip		
Home Phone		Work Phone:		
Check One: Initial Proposal Revised Proposal	Current Subject	ol DistrictAreaevels		
Section II				
List All Certificates/Licenses By Certificate/License # Provis	Check One ional Professional	Area	Issue Date	Expiration Date
 List your professional development Please attach and highlight the app CIP, Strategic Plan, Common COR. Explain how your plan addresses in personnel): 	licable section(s) of one of the E standards, that relates to you	following: your school dis ur professional developme	strict/building goal: nt goals.	
3. Tell how your plan relates to the license area(s) being renewed or transitioned.				
4. Describe how your plan reflects new learning for you as an educator:				
5. How will you evaluate and know w	hen your goals have been or ar	e being achieved?		
Proposed Plan Completion Date (must k	pe prior to certificate expirati	ion date):		
Educator's Signature	Date L	.PDC Signature		Date

Submit Plan to Local Professional Development Committee, Hancock County Educational Service Center, 7746 CR 140, Findlay, OH 45840