

Tiffin City Schools IPDP
Individual Professional Development Plan/ Goal Sheet

Section I -Applicant Information

Name:	Submission Date:
Building	
Assignment:	
Home Address:	
Phone:	Work Phone:
Email Address:	
Plan Type/Check one:	<input type="checkbox"/> Transition from RESA <input type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Plan <input type="checkbox"/> Substitute Teacher

Section II- Certification

List All Certificates by Certificate Number	Professional, Lead, or Senior Professional	Areas	Issue Date	Expiration Date

Section III -Goals

List 3-5 goals for your professional development learning. Within each goal, include three distinct aspects: (1) intention to engage in learning; (2) focus for learning; and (3) rationale for & application of learning. Indicate which Ohio Educator Standard(s) or District/Building CIP each goal reflects.

Sample Goal:

I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.

Goal 1

Educator Standard

or CIP Goal:

Goal 2

Educator Standard/

or CIP Goal:

Goal 3

Educator Standard/

or CIP Goal:

Educator's Signature:

Date

DO NOT WRITE BELOW THIS LINE. FOR LPDC USE ONLY.

Revise/ Resubmit

Revision Advice:

OR:

Approved as Written

Approval Signature :

Date

Section IV - Preapproval

Preapproval Form: To be submitted prior to engaging in PD.

Select one or more as appropriate.

Group#	CEUs		Activity/College	Verification	Anticipated Completion Date
1	No limit		College/university course	Transcript	
1	No limit		Ongoing series of workshop sessions	CEU Attendance Certificate	
2	6 CEUs		Mentoring	Group 2 Verification form	
			Conference		
1	No limit		Single workshop	CEU Attendance Certificate	
2	No limit		Professional Learning Team/ Community Involvement	Group 2 Verification form	
3	3 CEUs/ cycle		Independent study/action research	Group 3 Verification form	
2	No limit		Professional educational organization activities	Group 2 Verification form	
2	No limit		District leadership team, LPDC, curriculum development, school improvement	Group 2 Verification form	
3	6 CEUs/ cycle		Coaching/mentoring student teachers new teachers or teachers in need	Documentation	
2	No limit		Curriculum development	Group 2 Verification form	
2	6 CEUs/ cycle		Grant writing	Group 2 Verification form	
3	No limit		Publication	Group 3 Verification form copy of publication	
3	1 CEU/ cycle		Peer observation	Group 3 Verification form	
3	36 CEUs/ cycle		National Board of Professional Teaching	National Board Certificate or Activity form	
3	6 CEUs/ cycle		Professional Vocational Board Certification	Certificate of Completion	
3	6 CEUs/ cycle		Cooperating teacher for student/ counselor/administrator intern	Documentation	
3	3 CEUs/ cycle		Cooperating teacher for sophomore or junior block students	Documentation	
3	6 CEUs/ cycle		Teaching a college course	Syllabus and documentation	
3	1 CEU/ cycle		Professional presentation	Syllabus and documentation	
3	3 CEUs/ cycle		Self Directed educational activities	Group 3 Verification form	
3	6 CEUs/ cycle		Externship	Group 3 Verification form	

Tiffin City Schools LPDC Group Activities Comparison

Group	1	2	3
Type	College courses or workshops	Local committee work	Independent Projects
Maximum Hours Permitted	6 Semester hours 18 CEUs 0-180 clock hours	0-130 clock hours	0-130 clock hours
Description	College coursework or workshops where CEUs or certificates of attendance are issued	Building, district level committees or other educational work that enhances professional practices	Independent projects developed with the purpose of enhancing or increasing an individual's educational skills
Preapproval	Not required	Recommended	Required
Documentation	CEU, transcript, certificate of attendance	Group 2 Activity Verification Form	Group 3 Activity Verification Form
Sample Activities	Building-level, district wide, county, out-of-county workshops, coursework	Mentoring, advisory teams, curriculum or grant writing	Peer observations, research externships, presentations, teaching college courses, National Board Certification, educational projects, travel, cooperating teacher
Within group activities	No limitations	See group activity list	See group activity guidelines

Tiffin City Schools LPDC Group 2 Activity Verification Form

Name

Type of Activity

Completion Date

Educator's Signature

Describe the impact this activity will have on your professional development and how it helps meet your professional development goals.

Date	Hours	Activity/College/Date completed or anticipated completion.
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Total Hours

Complete a new form for each activity

Signature

Phone Number of Coordinator

Tiffin City Schools LPDC Group 3 Activity Verification Form

Name

Type of Activity

Completion Date

Educator's Signature

Outline of Project

Objective/Purpose:

Method:

Materials:

Timelines:

Date	Hours	Activity/College/Date completed or anticipated completion.
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Evaluation of Outcome:

Reflection: Describe what you have learned through this activity and explain how it impacts your professional development.

How Do I Convert Hours? Conversion Chart

Semester Hours	Quarter Hours	C.E.U.
1/3	1/2	1
2/3	1	2
1	1.5	3
1 1/3	2	4
1 2/3	2.5	5
2	3	6
2 1/3	3.5	7
2 2/3	4	8
3	4.5	9
3 1/3	5	10
3 2/3	5.5	11
4	6	12
4 1/3	6.5	13
4 2/3	7	14
5	7.5	15
5 1/3	8	16
5 2/3	8.5	17
6	9	18
7	10.5	21
8	12	24
9	13.5	27
10	15	30
11	16.5	33
12	18	36
13	19.5	
14	21	
15	22.5	
16	24	
17	25.5	
18	27	
19	28.5	
20	30	
21	31.5	
22	33	
23	34.5	
24	36	
25	37.5	
26	39	
27	40.5	
28	42	
29	43.5	
30	45	

Tiffin City Schools LPDC Final Requirement

(Must be submitted during the last year of your renewal/application for license)
Form C

Please submit this form with required verification documents and fees following the completion of all requirements for license renewal. Include a copy of your original IPDP.

Name _____ Date Submitted _____

Home Address _____ CSZ _____

License/Certificate Number Renewing _____ Area _____

Expiration Date _____

Group Activity	Hours Permitted	Semester Hours	Clock Hours Completed	CEU's	Documentation	
1	0-180			=		official transcripts, CEU's or attendance certificates
2	0-130			=		Group 2 Activity Verification Form
3	0-130			=		Group 3 Activity Verification Form
		Total Hours		=		Must total 180 clock hours = 18 CEU's

Educator's Signature _____ Date _____

Submit to: Local Professional Development Committee
c/o Tiffin City Schools, 244 South Monroe Street
Tiffin, Ohio 44883

LPDC Signature _____ Date _____

Verification Form for Consistently High Performing Teachers

Teachers who meet the State Board of Education definition of consistently high-performing teacher as outlined below are exempt from the requirement to complete any additional coursework or continuing education units for the next renewal cycle of their professional educator license.

Name:	State ID:
Submission Date:	
Building/Assignment:	
Type of Certificate/License:	
Issue Date:	
Expiration Date:	

Initial Eligibility Requirements:

Must meet both of the following criteria:

- Hold at least a five-year professional teaching license; AND
- Receive the highest final summative rating on evaluations, as defined by Revised Code sections 3319.111 and 3319.112 where applicable, for at least four of the past five years during the current licensure cycle; AND

School Year	1 st	2 nd	3 rd	4 th	5 th
Final Summative Rating					

Final Eligibility Requirements:

Must also meet at least one of the following additional criteria for at least three of the last five years during the current licensure cycle:

- Hold a valid Senior or Lead Professional Educator License;
- Hold a locally recognized teacher leadership role that enhances educational practices by providing professional learning experiences at district, regional, state or higher education level;
- Served in a leadership role for a national or state professional academic education organization;
- Served on a state-level committee supporting education; or
- Received state or national educational recognition or award.

Certification that the eligibility criteria have been met:

Superintendent or Designee Signature _____ Date _____

Tiffin City Schools LPDC Reading Log

Name _____ Date Submitted: _____

Book/Journal/Article Bibliography: _____

Date

Hours

Pages

Total Hours= _____

