



Making a
difference
together

Individual Professional Development Plan

Cover Letter

To: Licking County E.S.C. Local Professional Development Committee

Re: Transmittal of Individual Professional Development Plan for approval

I have considered the guidelines developed by the L.P.D.C. in preparing this document.

Please consider for approval the following Individual Professional Development Plan.

_____ Date: _____
Signature of Certificated Staff Member

Signature of supervisor if the certificated staff member wishes to use this document as part of the annual goal setting process for employment.

_____ Date: _____
Signature of Supervisor

Approval Signature _____ Date: _____