

## Individual Professional Development Plan:

### Educator Profile

Last Name	First Name:	M.I.:
Date of Birth (mm/dd/yyyy)                    /                    /	State ID #	
Do you have a Masters degree (or equiv)                    Yes / No		(State ID# may be found on license or ODE CORE website)
Home Street Address:		
City:	State:	Zip:
School Phone:	Home Phone:	

List all permanent certificates or those which you will upgrade on this single sheet.

If you are renewing certificates or licenses, place only one on this sheet, and use additional Profile Sheets for each one you will renew. **Attach your ODE history printout** or copies of all current credentials. Indicate how you intend to renew each.

Credential#	2-Yr, 5-Yr, 8-Yr, or Permanent	Expires	List All Areas	Renew by Hrs/CEUs	Check if Upgrade
1					
2					
3					
4					

Teaching/Professional Assignment(s) for present school year:

Position	Grade(s)	Building
a.		
b.		
c.		

Submission & Review:

Educator Signature:	Date:    /    /
LPDC Review:	Date:    /    /

**Individual Professional Development Plan:  
Educator Goals Sheet**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

2. Social Security # (Used for Certificate/Licensure Verification): \_\_\_\_\_

3. Identify your Professional Development Goal(s). List activities you will use to pursue each goal and the certificate(s)/license(s) to which each will apply. The goals which appear below should refer only to the certificate/license identified on the companion Profile Sheet. **Use a separate Profile Sheet and a separate companion Goals Sheet for each certificate/license which you will renew or convert.** The *Goals Identification Guide* contains suggestions, but the goal(s) should be specific and intimate to you and your professional development as it relates to students, building, district, and/or community. There is no specified minimum or maximum number of goals.

a. Goal: To \_\_\_\_\_  
 Activity(ies): \_\_\_\_\_  
 Completed via Hours, CEUs, or Both: \_\_\_\_\_  
 Applicable to certificate/license on the companion Profile Sheet. \_\_\_\_\_

b. Goal: To \_\_\_\_\_  
 Activity(ies): \_\_\_\_\_  
 Completed via Hours, CEUs, or Both: \_\_\_\_\_  
 Applicable to certificate/license on the companion Profile Sheet. \_\_\_\_\_

c. Goal: To \_\_\_\_\_  
 Activity(ies): \_\_\_\_\_  
 Completed via Hours, CEUs, or Both: \_\_\_\_\_  
 Applicable to certificate/license on the companion Profile Sheet. \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: \_\_\_\_\_



**“Other Activity” Continuing Education Unit:  
Request for Building LPDC Approval**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

2. Social Security # (Used for Certificate Verification): \_\_\_\_\_

3. School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. **For an “Other Activity”:** If you are seeking locally approved CEU credit by your LPDC through an activity other than a workshop, complete this section:

a) Describe the activity – please check the ***Pre-Approved Professional Development Activities*** for those that have been pre-approved by your LPDC as legitimate activities to be used by district educators towards meeting their goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Identify the number of activity hours that you will or have invested in this activity:

\_\_\_\_\_  
\_\_\_\_\_

c) Gain the signature of a district administrator or colleague who can verify and affirm your estimation of those activity hours:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

d) Why and/or how has this activity improved your professional skills, the learning of your students, and/or the quality of your school district? How will you share your learning with colleagues?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Attach a copy of any work products that have resulted from your activity.

f) Attach any additional information that you think might help your LPDC to review and approve your request for CEU credit for these **Other Activities**.

Signature of Submission: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of LPDC Chair: \_\_\_\_\_ Date: \_\_\_\_\_

CEUs granted per this request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Workshop Continuing Education Unit:**

***Request for District LPDC Approval***

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_
2. Social Security # \_\_\_\_\_
3. School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
4. **For a Workshop:** If you are seeking local district LPDC approval for CEU credit, carefully complete this section. The workshop Certificate of Completion should be supplied to the LPDC for final award of CEU credit, which can only be approved by the employing district LPDC.

- a) Identify Provider: \_\_\_\_\_
- b) Identify Presenter or Director: \_\_\_\_\_
- c) Identify a phone number contact for Presenter/Director: \_\_\_\_\_
- d) Identify the workshop date(s): \_\_\_\_\_
- e) Identify the number of clock hours of workshop instruction: \_\_\_\_\_

*\*Conversion: One activity hour is equal to one-tenth (0.1) CEU credit. 10 activity hours are equal to one (1) CEU. The LPDC will determine CEU credits based upon district guidelines. Study the Handbook.*

f) Attach the workshop program or synopsis indicating the workshop date(s), daily agenda with times, and a description of workshop content and activities.

g) You are reminded that CEU credits used to renew a **license**, whether from the Ohio Department of Education (issued only until July 1, 1998), or approved locally by your LPDC, must assist you in accomplishing the goals of your Individual Professional Development Plan, and that this plan must address student, district, and educator development needs.

h) If this Provider does not appear on the list of your district's **Approved Professional Development Providers**, your request for CEU credit must be pre-approved by your LPDC. Gain the signature of the LPDC Chairperson here for **Pre-approval**:

LPDC Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Signature verifies that the LPDC has pre-approved this Workshop Provider.*

<b>Individual Professional Development Plan:          Guidelines for Review by the LPDC</b>
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Educator: \_\_\_\_\_ ID#: \_\_\_\_\_

Certificate: \_\_\_\_\_ Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Submitted to LPDC: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reviewed by LPDC: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review checklist for the LPDC:

Yes	No	N/A	<i>The IPDP Proposal:</i>
			Is legible
			Is thorough and complete
			Is clear and specific
			Establishes goals that are in the best interests of the educator, students, and district
			Relates to established district and/or building goals as applicable
			Proposes university hours and CEU activities that relate to the area(s) of certification/licensure
			Indicates hours and CEUs proposed for renewal that are within the life of the certificate/license
			Contains documentation as necessary to support the proposal

This proposal has been:     **Approved**  
     **Denied for the reasons listed below – candidate should modify and resubmit for approval:**

**Individual Professional Development Plan:**  
***Appeals - Report of Reconsideration or Formal Appeal***

1. This is a report to the educator of the deliberation and decision of

- The Building LPDC following Reconsideration
- The District Oversight Committee following a Formal Appeal

2. Educator: \_\_\_\_\_

3. School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Report of Decision to the Educator: \_\_\_\_\_

*Following deliberation, your Professional Development Plan is hereby*

- Approved as reviewed
- Not Approved as reviewed

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Affirmation \_\_\_\_\_

Signature: \_\_\_\_\_





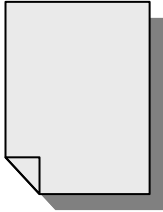
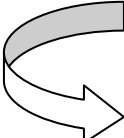
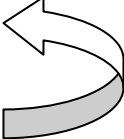
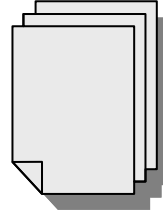
Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ In representation of the Building LPDC on Reconsideration. Return this report to the educator within 10 days.

\_\_\_\_\_ In representation of the District Oversight Committee on Formal Appeal. Return this report to the educator within 3 days.

# LPDC Step-by-Step IPDP Approval Process

1	2	3	4
 <p>Approval of Goals</p>	 <p>Pre-approval of PD</p> <p><i>* if required by LPDC</i></p>	 <p>Evaluation of Approved PD</p>	 <p>Review for License Renewal</p>
<p>Approve educator's IPDP goals.</p> 	<p>Review educator's submissions for preapproval of PD activity.</p> 	<p>Review educator's evaluations of &amp; reflections on approved PD activities. Enter on matrix document.</p> 	<p>Complete final evaluation to assure that all six PD standards are addressed.</p> 



**Think of it as a PROCESS rather than a plan.**

**Individual Professional Development Plan:  
Educator Profile**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth (mm/dd/yyyy)      /      /      State ID # \_\_\_\_\_  
(State ID# may be found on license or ODE CORE website)

Do you have a Masters degree (or equiv) Yes / No \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List all permanent certificates or those which you will upgrade on this single sheet.  
If you are renewing certificates or licenses, place only one on this sheet, and use additional Profile Sheets for each one you will renew. **Attach your ODE history printout** or copies of all current credentials. Indicate how you intend to renew each.

<i>Credential#</i>	<i>2-Yr, 5-Yr, 8-Yr, or Permanent</i>	<i>Expires</i>	<i>List All Areas</i>	<i>Renew by Hrs/CEUs</i>	<i>Check if Upgrade</i>
1					
2					
3					
4					

Teaching/Professional Assignment(s) for present school year:

<i>Position</i>	<i>Grade(s)</i>	<i>Building</i>
a.		
b.		
c.		

Submission & Review:

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

LPDC Review: \_\_\_\_\_ Date: \_\_\_\_\_

**Adams County/Ohio Valley School District LPDC  
Individual Professional Development Plan / Goal Sheet**

<b>Name:</b>	<b>Submission Date:</b>
<b>Date of Birth:</b>	<b>State ID #</b>
<b>Building/Assignment:</b>	
<b>Type of Certificate/License:</b>	
<b>Area of Licensure:</b>	
<b>Issue Date:</b>	<b>Effective Date:</b>
	<b>Expiration Date:</b>
<b>Plan Type</b> Select one: <input type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
<b>IPDP Effective Date:</b> From _____ to _____	
<b>Renewal Cycle</b> Select one: <input type="checkbox"/> Transitioning from certificate to license <input type="checkbox"/> 1 <sup>st</sup> renewal of 5-year license <input type="checkbox"/> 2 <sup>nd</sup> renewal of 5-year license <input type="checkbox"/> 3 <sup>rd</sup> + renewal of 5-year license	
<b>Goals</b> 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) each goal reflects. ( <i>See sample goal below.</i> )	
<b>Sample Goal:</b> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> Educator Standards: <i>Teacher Standard #1, Teachers understand student learning &amp; development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning &amp; achievement for all students.</i>	
<b>Goal 1</b>    Educator Standard	
<b>Goal 2</b>    Educator Standard	
<b>Goal 3</b>    Educator Standard	

**Adams County/Ohio Valley School District LPDC  
Individual Professional Development Plan / Goal Sheet**

**Additional goals (if applicable):**

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

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**Revise/Resubmit**

**Revision Advice:**

**-OR-**

**Approved as written**

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

<b>Name:</b>	<b>IPDP Approval Date:</b>
<b>Teaching/Work Assignment:</b>	
<b>Building/School Name:</b>	
<b>Date(s) of Professional Development:</b>	
<b>Location of Professional Development:</b>	
<b>Title of Professional Development: (Specify)</b>	
<b>Type</b> Select one or more as appropriate. <ul style="list-style-type: none"><li><input type="checkbox"/> College/university course</li><li><input type="checkbox"/> Ongoing series of workshop sessions</li><li><input type="checkbox"/> Conference</li><li><input type="checkbox"/> Single workshop</li><li><input type="checkbox"/> Professional Learning Team/Community Involvement</li><li><input type="checkbox"/> Independent study/action research</li><li><input type="checkbox"/> Professional educational organization activities</li><li><input type="checkbox"/> District leadership team, LPDC, curriculum development, school improvement</li><li><input type="checkbox"/> Coaching/mentoring student teachers, new teachers or teachers in need</li><li><input type="checkbox"/> Other, not listed above: (Specify)_____</li></ul>	
<b>Description of PD</b>	
<b>IPDP Goal(s) applicable to this PD</b>	

**Preapproval Form (continued)**

<b>Number of contact hours</b>	<b>Number of CEUs requested</b>
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Please turn to page entitled "Evaluation of Approved PD" and check the box or boxes in front of the PD standards you expect to address in this PD experience. Refer to *Organizing for HQPD* [available on [this page](#) ]. See the IPDP Rubric on pages 25-31 to gauge the alignment.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

---

**Revise/Resubmit**  
**Revision Advice:**

**-OR-**

**Approved as written**

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Evaluation of Approved Professional Development

[To be completed *after* the PD experience and submitted to the LPDC no later than the last LPDC meeting of the school year]

Name \_\_\_\_\_ Building \_\_\_\_\_ Contact Hours or CEUs \_\_\_\_\_

PD Activity \_\_\_\_\_ Date of PD \_\_\_\_\_

**Directions:** Complete sections I and II.

### I. Alignment to Ohio Professional Development Standards.

Answer only those which apply to this PD experience. Refer to *Organizing for HQPD* [available on ODE website: SEARCH high quality professional development.] **See the IPDP Rubric on pages 25-31 to formulate your responses.**

<input type="checkbox"/> <b>Standard 1:</b> How is this PD purposefully structured to occur over time?
<input type="checkbox"/> <b>Standard 2:</b> What data sources guided you toward this PD?
<input type="checkbox"/> <b>Standard 3:</b> How does the PD include opportunities for collaboration?
<input type="checkbox"/> <b>Standard 4:</b> How did the PD include varied learning experiences to accommodate adult learning needs?
<input type="checkbox"/> <b>Standard 5:</b> Evaluate the PD as to its short- and long-term impact. Be as specific as possible.
<input type="checkbox"/> <b>Standard 6:</b> How did the PD result in the acquisition, enhancement or refinement of skills & knowledge? Be specific.

**Evaluation of Approved Professional Development (continued)**

**II. Identify and attach documentation to evidence completion of the PD experience.**

**Submitted documentation: (Check all that apply.)**

- Certificate of attendance
- Reflection journal
- Time log
- Agenda with specific dates & times
- Conference program with attended sessions identified
- Transcripts or grade reports
- Original work related to PD: portfolio, lesson plans, curriculum documents, grants, academic articles, etc.
- Other: (Specify)\_\_\_\_\_

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

---

- Revise/Resubmit**

**Revision Advice:**

**-OR-**

- Approved as written**

**Approval Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## Adams County/Ohio Valley Professional Development Activity Log / Summary

Educator completes white section on the left and submits to the LPDC no later than the last LPDC meeting of the school year/LPDC completes shaded area on the right.

Name \_\_\_\_\_ Building \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Date of Activity	Pre-Approved Professional Development		Documentation/ Signature Verification	Credit Granted	Approval Date <sup>(1)</sup>	Professional Development Strand <sup>(2,3)</sup>					
	# <sup>(*)</sup>	TITLE				1	2	3	4	5	6
09/12/08	18	<i>SAMPLE: Infusing Technology into the Science Curriculum</i>	<i>Certificate</i>	<i>3 CEUs</i>	12/10/08			✓	✓		

\* Number from Pre-Approved Professional Development Activities – pages 20-24 LPDC Handbook

**Directions to LPDC:**

- (1) Enter date of each PD Evaluation submitted to the committee.
- (2) For THAT event or experience, rate the Alignment to Ohio PD Standards. Check off (✓) and initial any standard which earns an ADEQUATE or EXEMPLARY rating. (See IPDP Rubric, *Organizing for High Quality Professional Development*, pp. 25-31.)
- (3) Assure that each educator achieves ADEQUATE or EXEMPLARY in each of the SIX Ohio PD Standards before recommending him or her for renewal.

## Adams County/Ohio Valley Professional Development Activity Log / Summary

Educator completes white section on the left and submits to the LPDC no later than the last LPDC meeting of the school year/LPDC completes shaded area on the right.

Name \_\_\_\_\_ Building \_\_\_\_\_

Teaching Assignment \_\_\_\_\_

Date of Activity	Pre-Approved Professional Development		Documentation/ Signature Verification	Credit Granted	Approval Date <sup>(1)</sup>	Professional Development Strand <sup>(2,3)</sup>					
	# <sup>(*)</sup>	TITLE				1	2	3	4	5	6
09/12/08	18	SAMPLE: Infusing Technology into the Science Curriculum	Certificate	3 CEUs	12/10/08			✓	✓		

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- (3) Assure that each educator achieves ADEQUATE or EXEMPLARY in each of the SIX Ohio PD Standards before recommending him or her for renewal.

**District Name**  
**Individual Professional Development Plan / Goal Sheet**

<b>Name:</b> <i>Ms. Teacher</i>	<b>Submission Date:</b> <i>9/8/08</i>
<b>Building/Assignment:</b> <i>Suburban Middle School</i>	
<b>Type of Certificate/License:</b> <i>5 year professional</i>	
<b>Area of Licensure:</b> <i>Social Studies 7-12</i>	
<b>Issue Date:</b> <i>6/10/08</i>	<b>Effective Date:</b> <i>7/1/08</i>
	<b>Expiration Date:</b> <i>6/30/2013</i>
<b>Plan Type</b> Select one: <input checked="" type="checkbox"/> Initial Proposal <input type="checkbox"/> Revised Proposal <input type="checkbox"/> Amended Proposal	
<b>IPDP Effective Date:</b> <i>From 12/10/08 to 6/30/2013</i>	
<b>Renewal Cycle</b> Select one: <input type="checkbox"/> Transitioning from certificate to license <input type="checkbox"/> 1 <sup>st</sup> renewal of 5-year license <input checked="" type="checkbox"/> 2 <sup>nd</sup> renewal of 5-year license <input type="checkbox"/> 3 <sup>rd</sup> + renewal of 5-year license	
<b>Goals</b> 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) each goal reflects. (See sample goal below.)	
<b>Sample Goal:</b> <i>I will increase my knowledge of strategies to manage groups of students in order to improve classroom discipline.</i> Educator Standards: <i>Teacher Standard #1, Teachers understand student learning &amp; development and respect the diversity of the students they teach.</i> <i>Teacher Standard #5, Teachers create learning environments that promote high levels of learning &amp; achievement for all students.</i>	
<b>Goal 1</b> <i>I will extend my knowledge of adolescent and middle school student development, as well as problems associated with this age group in order to help me plan appropriate lessons and interventions so students will be successful in my class.</i> Educator Standard: <i>Teacher # 1 Students</i>	
<b>Goal 2</b> <i>I will improve my skills for leading, collaborating and mentoring students, pre-service teachers and peers to improve the quality of the instructional program.</i> Educator Standards: <i>Teacher # 6 Collaboration and Communication</i> <i>Teacher #7 Professional Responsibility and Growth</i>	
IPDP/MS sample	
51	

District Name

Individual Professional Development Plan / Goal Sheet

**Goal 3**

*I will further my understanding and use of methods to integrate technology into the classroom and curriculum for instruction, assessment and as a tool for communication.*

*Educator Standard:*

*Teacher #2 Content*

*Teacher #4 Instruction*

**Additional goals (if applicable):**

SAMPLE

**District Name**  
**Individual Professional Development Plan / Goal Sheet**

**DO NOT MARK BELOW THIS LINE. FOR LPDC USE ONLY.**

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**Revise/Resubmit**

**Revision Advice:**

**-OR-**

**Approved as written**

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SAMPLE

# Ohio Standards for the Teaching Profession

## *Standard 1*

**Teachers understand student learning and development and respect the diversity of the students they**

**teach.**

- Teachers display knowledge of how students learn and of the developmental characteristics of age groups.
- Teachers understand what students know and are able to do and use this knowledge to meet the needs of all students.
- Teachers expect that all students will achieve to their full potential.
- Teachers model respect for students' diverse cultures, language skills and experiences.
- Teachers recognize characteristics of gifted students, students with disabilities and at-risk students in order to assist in appropriate identification, instruction and intervention.

## *Standard 2*

**Teachers know and understand the content area for which they have instructional responsibility.**

- Teachers know the content they teach and use their knowledge of content-area concepts, assumptions and skills to plan instruction.
- Teachers understand and use content-specific instructional strategies to effectively teach the central concepts and skills of the discipline.
- Teachers understand school and district curriculum priorities and the Ohio academic content standards.
- Teachers understand the relationship of knowledge within the discipline to other content areas.
- Teachers connect content to relevant life experiences and career opportunities.

## *Standard 3*

**Teachers understand and use varied assessments to inform instruction, evaluate and ensure student learning.**

- Teachers are knowledgeable about assessment types, their purposes and the data they generate.

- Teachers select, develop and use a variety of diagnostic, formative and summative assessments.

- Teachers analyze data to monitor student progress and learning, and to plan, differentiate and modify instruction.

- Teachers collaborate and communicate student progress with students, parents and colleagues.
- Teachers involve learners in self-assessment and goal setting to address gaps between performance and potential.

## *Standard 4*

**Teachers plan and deliver effective instruction that advances the learning of each individual student.**

- Teachers align their instructional goals and activities with school and district priorities and Ohio's academic content standards.
- Teachers use information about students' learning and performance to plan and deliver instruction that will close the achievement gap.
- Teachers communicate clear learning goals and explicitly link learning activities to those defined goals.
- Teachers apply knowledge of how students think and learn to instructional design and delivery.
- Teachers differentiate instruction to support the learning needs of all students, including students identified as gifted, students with disabilities and at-risk students.
- Teachers create and select activities that are designed to help students develop as independent learners and complex problem-solvers.
- Teachers use resources effectively, including technology, to enhance student learning.

## *Standard 5*

**Teachers create learning environments that promote high levels of learning and achievement for all students.**

- Teachers treat all students fairly and establish an environment that is respectful, supportive and caring.

- Teachers create an environment that is physically and emotionally safe.

- Teachers motivate students to work productively and assume responsibility for their own learning.

- Teachers create learning situations in which students work independently, collaboratively and/or as a whole class.

- Teachers maintain an environment that is conducive to learning for all students.

## *Standard 6*

**Teachers collaborate and communicate with students,**

**parents, other educators, administrators and the community to support student learning.**

- Teachers communicate clearly and effectively.
- Teachers share responsibility with parents and caregivers to support student learning, emotional and physical development and mental health.
- Teachers collaborate effectively with other teachers, administrators and school and district staff.
- Teachers collaborate effectively with the local community and community agencies, when and where appropriate, to promote a positive environment for student learning.

## *Standard 7*

**Teachers assume responsibility for professional growth, performance and involvement as an individual and as a member of a learning community.**

- Teachers understand, uphold and follow professional ethics, policies and legal codes of professional conduct.
- Teachers take responsibility for engaging in continuous, purposeful professional development.
- Teachers are agents of change who seek opportunities to positively impact teaching quality, school improvements and student achievement.

# Ohio Standards for Professional Development

## *Standard 1*

**High quality professional development (HQPD) is a purposeful, structured and continuous process that occurs over time.**

- The goals and vision for professional development are clear, focused and aligned with school and district priorities and state and national goals.
- Professional development is continuous and includes planning, implementation, reflection, evaluation and revision.
- Professional development supports and advances the leadership capacity of all educators.
- Educators in small learning teams engage in sustained and ongoing professional development experiences.
- The structure and culture of the educational community supports professional development as a necessary condition for improvement.
- Resources are allocated for planning, implementing and supporting professional development.

## *Standard 2*

**High quality professional development (HQPD) is informed by multiple sources of data.**

- School, district, state and national data related to student achievement are analyzed to determine the focus and content for professional development.
- Educators analyze their practice and examine multiple sources of data to determine the focus and content of their professional development plan.
- Educators study the research that support claims made by advocates of a particular approach to instructional improvement or whole school reform.
- Data from evaluations of previous professional development are analyzed to determine the focus and content for future professional development.

## *Standard 3*

**High quality professional development (HQPD) is collaborative.**

- Professional development provides ongoing opportunities for educators to work together.
- Diverse teams of educators work collaboratively to plan, deliver and evaluate professional development.
- Professional development incorporates communication technologies to broaden the scope of collaboration.

## *Standard 4*

**High quality professional development (HQPD) includes varied learning experiences that accommodate individual educators' knowledge and skills.**

- Professional learning opportunities are based on identified needs.
- Professional development includes a variety of learning experiences.
- Professional development reflects a logical sequence of experiences.

## *Standard 5*

**High quality professional development (HQPD) is evaluated by its short- and long-term impact on professional practice and achievement of all students.**

- Professional development is evaluated by assessing levels of participant satisfaction and learning of content.
- Professional development is evaluated by evidence of new skills applied to practice.
- Professional development is evaluated by the extent to which organizations change to improve.
- Professional development is evaluated on its impact on achievement of all students.
- The professional development process is evaluated.

## *Standard 6*

**High quality professional development (HQPD) results in the acquisition, enhancement or refinement of skills and knowledge.**

- Professional development plans support the understanding and use of local, state and national standards as well as school and district curriculum priorities.
- Professional development supports the study, evaluation and integration of relevant and current best practices and research into practice.
- Professional development enhances understanding of instructional strategies appropriate to specific content, and addresses the needs of diverse learners.
- Professional development ensures that all educators understand and use various types of assessments to measure student learning.
- Professional development provides educators with tools to engage students, families and communities in improving student achievement.

# Ohio Professional Development

## Verification of Participation

**Professional Development Program:** *Provide title*

**Date and Location:** *Provide information*

**Presenter/Facilitator (including title & credentials):**

*Presenter 1  
Title  
Credentials/Employer*

*Presenter 2  
Title  
Credentials/Employer*

*Presenter 3  
Title  
Credentials/Employer*

*Presenter 4  
Title  
Credentials/Employer*

### **Program/Project Goals and Objectives**

Participants will:

- *[state specifically; begin each bullet with a verb]*

### **Description of Professional Development Experience**

**Nature of Activity:** *Workshop, Course, Series of Workshops, Conference session*

**Contact Hours:** *Specify actual hours of engagement*

**Participant Role:** *For example: Listening to presenters, participation in individual and group activities, exploration of relevance and potential applications of workshop content to local situation, interactive dialogue and questions with presenters and/or colleagues.*

**This certificate verifies participation in the NAMEOF SPONSORING ORGANIZATION activity described above. Participants are responsible for conveying this information to their Local Professional Development Committee in a manner consistent with their local guidelines.**

\_\_\_\_\_  
Meeting Facilitator (Print)

\_\_\_\_\_  
Participant (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Approval Verification Form  
For Educators Leaving a LPDC**

This verifies that the following educator had an approved Individual Professional Development Plan and that

\_\_\_\_\_ (print - name of educator) \_\_\_\_\_ (Educator ID) \_\_\_\_\_ (birthdate)

has completed the following credits toward completion of the plan since \_\_\_\_\_ (date)

\_\_\_\_\_ college/university **semester** hours

\_\_\_\_\_ college/university **quarter** hours

\_\_\_\_\_ LPDC approved professional development activities (CEUs)

\_\_\_\_\_ (authorized signature) \_\_\_\_\_ (school/district IRN) \_\_\_\_\_ (date)

**Please print:**

Name of Authorized Signer \_\_\_\_\_

Name of School/District \_\_\_\_\_

LPDC IRN \_\_\_\_\_

Name of LPDC \_\_\_\_\_

LPDC chairperson \_\_\_\_\_

LPDC address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chairperson phone number \_\_\_\_\_

Chairperson email address \_\_\_\_\_

Mail to: Office of Educator Licensure  
25 South Front Street, Mail Stop 105, Columbus, Oh 43215-4183  
Telephone 614-466-3593

4/2009