

Individual Professional Development Plan (IPDP) Cover Sheet

_____ Board

Date Filed: _____

Last Name: _____ First Name: _____

School: _____ Position: _____

School Address: _____

Town: _____ State: _____ Zip: _____

Level	Endorsement(s) Held <small>(enter code and description, see reverse side for codes)</small>	Expiration Year
I		
II		

Attach your IPDP goal sheets to this form. Your goals must be developed through analysis of professional practice and classroom data. The goals must address each of The Five Standards for Vermont Educators. At least one of your IPDP goals must address the content knowledge and performance standards of your endorsement(s) and one goal must connect to the school/district's initiatives for improving student learning.

Educator's Signature _____ Date _____



Date Received: _____ Board Action: IPDP Approved: ___ IPDP Returned for Revision: ___

Reasons for Revision:

Signature of Board Chairperson upon Final Approval _____ Date _____

Amendment Date _____ _____ Signature of Board Chairperson _____ Local/Regional Standards Board
--

Amendment Date _____ _____ Signature of Board Chairperson _____ Local/Regional Standards Board
--