

**EASTERN LOCAL SCHOOL DISTRICT
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN
FINAL REVIEW**

Name: _____ License Type: _____

Building: _____ Subject Area: _____

License #: _____ Exp. Date: _____

For Plan from _____ to _____

Actual Activities (Attach Overflow to Form)	Credits/Contact Hours Earned

Reflection – Statement: How successful have you been in fulfilling the goal(s) of your plan? Why do you draw that conclusion? How did the above activities relate to fulfilling the goal(s)? How has student learning been affected by the activities in which you participated? What other impact has working toward the goal had in or out of your classroom?

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For LPDC Use Only:

Feedback: _____ Total Credits/Contact Hours earned: _____

Date submitted: _____ Date approved: _____

Committee Chairperson Signature: _____

Committee Recorder Signature: _____