

*SPEBA LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN – EDUCATOR PROFILE*

Section 1

Educator's Name _____

Home Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Email _____

District _____ Building _____ Assignment _____

Section 2

List all Licenses by License Number

License	Area	Issue Date	Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3

List your professional development goals (use numbers from goal sheet, pg. 5 & 6): _____

Briefly explain how these goals relate to your school district and school building goals: _____

Proposed Plan Completion Date must be prior to February 1st of the year the license expires.

Educator's Signature _____ Date _____ LPDC Signature _____ Date _____