

**FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN  
(IPDP)**

Submit 2 copies. Please print legibly or type all information.

Name \_\_\_\_\_ Date of Submission \_\_\_\_\_

1. **Certificate/License** \_\_\_\_\_ **Issue Date** \_\_\_\_\_  
Certificate/License: Valid from July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_  
**Certificate/License** \_\_\_\_\_ **Issue Date** \_\_\_\_\_  
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2. **Identify a minimum of three specific objectives for your Individual Professional Development Plan that align with student, educator, building, and district goals.**

**Example:**

*I will learn about cooperative learning to design learning opportunities for students.  
(action) (program) (purpose) (student achievement)*

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_

3. **Briefly describe activities planned to carry out the above stated objectives. Include proposed times/dates of completion.**

**Example:**

<b><u>Description</u></b>	<b><u>Time Line</u></b>
<i>Do a literature search and read selected research Articles about cooperative learning.</i>	<i>July 1, 2003 – June 30, 2008</i>

**Description**

**Time Line**

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

