

**EAST CLEVELAND CITY SCHOOL DISTRICT  
PROFESSIONAL DEVELOPMENT REPORT  
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

Name (please print) \_\_\_\_\_ School/Office \_\_\_\_\_  
                                     Last                                    First                                    MI

**Highest Degree Attained:**

Associate's      Bachelor's      Master's      Ph.D.      Other \_\_\_\_\_

Current Assignment \_\_\_\_\_

Certificate/License(s) Held	Expiration Date(s)	Current Certificate/License	License Requested	Renewable Under this IPDP?
		License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	<input type="checkbox"/> YES <input type="checkbox"/> NO
		License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	<input type="checkbox"/> YES <input type="checkbox"/> NO
		License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	License: <input type="checkbox"/> Provisional 2 year <input type="checkbox"/> Professional 5 year	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Requirements for a five-year Professional License are as follows:**

- A Pre-Approved Individual Professional Development Plan.
- The Equivalent of 6 semester hours of accredited university course work or **any combination** of university **Semester Hours or CEU Credit.**
  - ➔ **One Semester Hour = 3 CEUs. (See chart on Page 2)**

1. In what areas do you plan to concentrate coursework or other professional development activities?  
 (Refer to Page 31 in Appendix)

Classroom Management	Educational Research	Educational Leadership	Community Resources
Instructional Techniques	Planning	Critical Thinking Skills	Human Relations
Special Ed. Techniques	Curriculum	Learning Strategies	Technology
Educational Law	Learning Styles	Violence/Drug Prevention	Collaboration
Multicultural Education	Communications	Teaching Strategies	Service Learning
Differentiated Instruction	Managing School Operations	State of Ohio Testing and/or District Testing	Other-Attach Explanation

(Over)

How does your overall planned course work relate to **BOTH** the Revitalization Plan of the East Cleveland City School District (<https://www.east-cleveland.k12.oh.us/domain/497>) and the Ohio Standards for the Teaching Profession and/or the Ohio Standards for Principals?

<https://education.ohio.gov/Topics/Teaching/Educator-Equity/Ohio-s-Educator-Standards>

**ANSWERS SHOULD NOT REFER TO SPECIFIC COURSES.**


Check here if you plan to use the Independent Professional Development Activities option. If so, attach Application to Provide CEU Credits for Individual Professional Development Activities (EC99-7B)

**NOTE:** You can check your CEUs on the [Conversion Chart](#). CEUs must be earned after the issue date on the certificate to be renewed.

**(FORM MUST BE SIGNED AND DATED)**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Falsification of any documentation will result in forfeiture of the applicable CEUs or Course Credit or application.**

Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

**SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE, c/o LPDC SECRETARY, EAST CLEVELAND CITY SCHOOLS BOARD OF EDUCATION, AT LEAST TWO (2) WEEKS BEFORE THE SCHEDULED LPDC MONTHLY MEETING.**