

BLOOM-CARROLL LOCAL SCHOOL DISTRICT

Individual Professional Development Plan Review Form

[to be completed by LPDC committee]

Name: _____ Date: _____

The Individual Professional Development Plan has been filled out completely.

Yes _____ No _____

The standards selected link the needs of the individual, assignment, and district.

Yes _____ No _____

The proposed action plan and activities are reasonable and thorough.

Yes _____ No _____

The Individual Professional Development Plan is:

Approved _____ Not Approved _____

Reasons for non-approval and/or clarification of "No" responses:

Presiding officer's signature below verifies that this form has been reviewed and approved by the members of the Bloom-Carroll LPDC committee.

LPDC Presiding Officer: _____ Date: _____

Copy to remain with the LPDC and in the Professional Development file.