

**Milford Exempted Village School District  
Individual Professional Development Plan  
Appeal Request Form**

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Assignment:** \_\_\_\_\_

**Reason for Appeal:** (check one)     IPDP Goal     Professional Activity

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**Appeal Decision:**

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Date of Decision: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Milford Professional Development Appeals Committee



### Approval Verification Form For Educators Leaving a LPDC

This verifies that the attached Individual Professional development Plan was approved , and that

\_\_\_\_\_ (name of educator)

\_\_\_\_\_ (social security number)

has completed the following credits toward completion of the plan since the date above.

\_\_\_\_\_ college/university **semester** hours

\_\_\_\_\_ college/university **quarter** hours

\_\_\_\_\_ LPDC approved professional development activities (CEUs)

\_\_\_\_\_ (authorized signature)

\_\_\_\_\_ (date)

Print name of Authorized Signer \_\_\_\_\_

Name of School District \_\_\_\_\_

Name of LPDC, if different \_\_\_\_\_

LPDC address \_\_\_\_\_

LPDC contact person \_\_\_\_\_

LPDC telephone number \_\_\_\_\_

## Pre-Approval Form

Complete if requesting approval for Self-directed Education, Educational Project, Related Work Experience or a Workshop not on the list of the district's Approved Professional Development Providers. Your request for PDU credit must be pre-approved by the LPDC. Gain the signature of the LPDC Chairperson and another member for approval.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
2. District Assignment \_\_\_\_\_
3. School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Complete Section 4 or 5

4. Circle option under which approval is being requested:

Self-directed Education      Educational Project      Related Work Experience

- a) Estimated PDU's \_\_\_\_\_
  - b) Attach description of proposed project/experience
5. Workshop: Complete this section only for workshops not on the list of district approved professional development providers. The workshop Certificate of Completion must be supplied to the LPDC for final award of PDU credit, which can only be approved by the Milford LPDC.
    - a) Title of workshop: \_\_\_\_\_
    - b) Workshop Provider: \_\_\_\_\_
    - c) Workshop Presenter/Director: \_\_\_\_\_
    - d) Phone number contact for Presenter/Director: \_\_\_\_\_
    - e) Workshop dates: \_\_\_\_\_
    - f) Number of clock hours of workshop instruction: \_\_\_\_\_  
(One clock hour is equal to 0.1 PDU's)
    - g) Attach the workshop program or synopsis indicating the workshop date(s), daily agenda with times, and a description of the content and activities.

LPDC Chairperson \_\_\_\_\_ Date \_\_\_\_\_

LPDC Member \_\_\_\_\_ Date \_\_\_\_\_

PDU's Approved by the LPDC \_\_\_\_\_

\* **Send to LPDC Building Representative**

**Milford Exempted Village School District**

Proposal for Individual Professional Development Plan

Send to LPDC Representative

Name: \_\_\_\_\_

Date: \_\_\_\_\_

District Building \_\_\_\_\_ Assignment: \_\_\_\_\_

Original IPDP \_\_\_\_\_ Revised IPDP \_\_\_\_\_

(Please check one)

**Licensure/Certification and Expiration Dates:**

	<b>Area</b>	<b>License/Certificate</b>	<b>Grade Levels</b>	<b>Expiration Date June 30, _____</b>

***I. Professional Growth Goal:*** (See page 5 LPDC Basics) Please number each goal.

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***II. Rationale for Goal:*** (Please explain how your personal goal supports the District Mission Statement, Strategic Plan, Building Goals, and your district assignment. )

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**Complete item III or IV**

***III. Briefly describe the professional development options, potential timeline and verification that will be utilized to reach the goal.***

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***IV. I plan to complete \_\_\_\_\_ semester / quarter hours in a graduate degree program this renewal cycle.***

College/University: \_\_\_\_\_

Degree: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Provide a brief rational for pursuing this degree:

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*V. Approval / Disapproval (This section will be completed by the LPDC)*

\_\_\_\_\_ This Individual Professional Development Plan has been approved as submitted.

Signature of Committee Members: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ This Individual Development Plan has merit but has not been approved as submitted. Please note the highlighted sections and comments and then consult the IPDC Committee to arrange an appointment.

Signature of Committee Members: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



## Milford Exempted Village School District Professional Development Activity LOG

Name \_\_\_\_\_ Date \_\_\_\_\_ 2009 District Building \_\_\_\_\_ Assignment \_\_\_\_\_

**Send log and all documentation to your LPDC representative by May 1<sup>st</sup>.**

Option #	Activity (classes, workshops etc.)	Your IPDP Goal #	PDU credit -	Documentation provided to LPDC

Option- Maximum	1- Unlimited	2- 6	3- 3	4- 6/10	5- 4	6- 9	7- 4	8- 6	9- 6	10- 9	11- 6	12- 9	13- 3	14- 3	15- 6	16- 3	17- 3	18- 3	19- 6

\*\*18 PDU's must be earned during a renewal cycle. PDU credit is limited to the maximum allowed in each option and cannot be exceeded. You can access the resource guide online at [www.milfordschools.org](http://www.milfordschools.org) for more information and guidance.

**LOG VERIFICATION BY:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Total approved PDUs for 2008-09** \_\_\_\_\_

\*\*You have earned a total of \_\_\_\_\_ PDU's for this renewal cycle. You need \_\_\_\_\_ more PDU's to renew in \_\_\_\_\_.