

Form A
**SOUTHWEST LOCAL SCHOOL DISTRICT
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE**

**PROFESSIONAL DEVELOPMENT PLAN
for Licensure Conversion or Renewal**

Name _____ Date _____

Building _____ New PDP
Revision
(Please check one)

For licensure conversion or renewal, this Professional Development Plan must be completed and preapproved by the SLPDC within the first year of a new certificate/license.

Current Certification/Licensure and Expiration Dates:

	AREA	TYPE	GRADE	EXPIRATION DATE
1				
2				
3				

Which certificate(s) and/or license(s) does this plan address?

Please list your professional development goals below. (Include references to your personal, building and district goals as well as continuous improvement plans)

****YOUR RESPONSIBILITY TO MONITOR PROGRESS****