

Individual Professional Development Form

Addison Northwest Supervisory Union Local Standards Board

Date Filed: _____

Last Name: _____ First Name: _____

Address (Home): _____

Town: _____ State: _____ Zip: _____

School: _____ Position: _____

Level	Endorsement(s) Held (enter code and description)	Expiration Year
I		
II		

Attach your IPDP goal sheet to this form. Your goals must be developed through analysis of professional practice and classroom data. The goals shall address the content knowledge and performance standards of your endorsement(s) and each of *The Five Standards for Vermont Expectations*. At least one of your IPDP goals must connect to the school/district's initiatives for improving student learning.

Educator Signature: _____ Principal Signature: _____

Date Received: _____

Board Action: IPDP Approved: _____ IPDP Returned for Revision: _____

Reason for
Revision: _____

Signature of Board Chairperson Date

Amendment Date: _____