

INDIVIDUAL DEVELOPMENT PLAN (IDP)

Name:	Social Security Number:
Signature:	Assignment:
Plan Year:	Goal:

This goal is aligned with:	<input type="checkbox"/> Focused Assistance Monitoring	<input type="checkbox"/> School Improvement Plan	<input type="checkbox"/> Categorical Goal	<input type="checkbox"/> Individual Professional Goal	<input type="checkbox"/> Other
----------------------------	--	--	---	---	--------------------------------

Level 1: Knowledge, Innovation & Activities

#	Title	Evidence	C	PE	S	Dates	Salary Pts		Cert Pts		PDC Initials
							Req	Award	Req	Award	
1.											
2.											
3.											
4.											
5.											

Level 2: Application, Innovation & Activities

#	Title	Evidence	C	PE	Dates	Salary Pts		Cert Pts		PDC Initials
						Req	Award	Req	Award	

Level 3: Impact, Innovation & Activities

#	Title	Evidence	C	PE	Dates	Salary Pts		Cert Pts		PDC Initials
						Req	Award	Req	Award	

C = Content
 PE = Professional education (i.e., college credit)
 S = Service to the profession