

**Mohawk Local School District
Professional Development Plan Proposal**

Section I

Educator's Name _____ Social Security No. _____ Submission Date _____
 Home Address _____ City, State, Zip _____
 Home Phone _____ Work Phone _____ E-mail _____
 Check One: Initial Proposal _____ Employing District _____
 Revised Proposal _____ Building _____
 Check Here If A Substitute Teacher _____ Assignment _____

Section II

List All Certificates By Certificate Number	Check One		Area	Issue Date	Expiration Date
	Provisional	Professional			

Section III

On the back of this form, list 2-3 goals for your professional development. After each goal list the activities you plan to use to reach that goal during your IPDP cycle. For each activity described, please list the timeline for completion, documentation that will be provided at IPDP Final Review, and an explanation of how the goals relate to your school district and/or building goals.

Proposed Plan Completion Date (must be prior to certificate expiration date): _____

Educator's Signature _____ Date _____

LPDC Action: _____ Approved _____ Returned for Revision _____

LPDC Signature _____ Date _____

