APPENDIX A
5/22/09 gg

NKESC INTERLOCAL #602
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN – IPDP

_____ **NEW**
_____ **AMENDMENT**

Name	School	Social Security Number
Assignment	Highest Degree Earned	
Certificate/Licensure Expiration Date (Date)	Beginning and Ending Dates of Plan	

GOAL # ____

LEVEL I: KNOWLEDGE ACTIVITIES

- ☐ Content
- ☐ Professional Education
- ☐ Service to the Profession

LEVEL II: APPLICATION ACTIVITIES

- ☐ Content
- ☐ Professional Education

LEVEL III: IMPACT ACTIVITIES

- ☐ Content
- ☐ Professional Education

Participating Employee (Signature _____ **Date** _____

Designated Representative _____ Date Plan Received _____
Chairperson _____ Date_____

_____ Approval Date _____EFFECTIVE DATE
_____ Denial Date

(Make one (1) copy and return to your PDC Chairperson)