

FORM A

Xenia Community Schools
Professional Development Plan

LPDC Use Only

Date: _____

Approved

Needs Revision

Name _____

Social Security Number: (last 4 digits)

XXX-XX-_____

Building: _____

Position: _____

List All Licenses Held:	Issue Date/Expiration Date:

Statement of Long Term Professional Development Goals: (What do you want to learn?) (Please list 2 or 3 goals)	
1)	
2)	
3)	

Rationale for Goals: Please see Section Two: Ohio Standards for the Teaching Profession and/or the Ohio ABLE Administrator Standards, Elements, and Indicators I the current Professional Development guidelines/handbook (pages 122-18).	
1)	This goal aligns with Teaching and/or Administrative Standard Number _____
2)	This goal aligns with Teaching and/or Administrative Standard Number _____
3)	This goal aligns with Teaching and/or Administrative Standard Number _____

Planned Activities: (How will you learn? Must align with your goals.) See XCS District Approved PD Options chart (pgs. 20-23) in the current PD Guidelines/handbook.	Documentation of Planned Activities: See XCS Approved PD Options Chart (pgs. 20-23) in the current PD guidelines/handbook.	Check if one of your planned activities
College courses	Official transcript, syllabus, or course description	<input type="checkbox"/>
Attending a Professional Conference / Institute / Academy / Workshop	Certificate of attendance and reflection report	<input type="checkbox"/>
Professional Conference/Institute/Academy or Seminar/Workshop	Copy of your presentation or outline and a reflection report	<input type="checkbox"/>
Professional Videos	Catalogue description or outline and a reflection report	<input type="checkbox"/>
Education Project or Action Research (LPDC pre-approval required)	Copy of final product or report of the project and reflection report. Phase 2: Evaluation Report - see teacher evaluation handbook for details	<input type="checkbox"/>
Curriculum development	Copy of the final document(s) and reflection report	<input type="checkbox"/>
Professional Committee	Documented clock hours, copy of the final document(s) or product, and reflection report	<input type="checkbox"/>
Mentoring (Resident Educator Program)	Verification from Resident Ed coordinator and reflection report	<input type="checkbox"/>
Cooperating Teacher for Student Teachers	Reflection report	<input type="checkbox"/>
Teaching a college course	Course announcement and Course Syllabus and reflection report	<input type="checkbox"/>
Grant writing	Copy of grant application and proposal; documentation of clock hours for planning and prep; reflection report	<input type="checkbox"/>
Peer Observation / Peer Coaching	Each session must include pre-observation and observation follow-up discussion	<input type="checkbox"/>
Publication of Original work in a Professional Journal, Book, or Software	Copy of book, article, software package, report, reflection on learning	<input type="checkbox"/>
Review of Professional Literature	Name of publication/article/author; publication date	<input type="checkbox"/>
Master Teacher Portfolio	Valid copy of Master Teacher designation See chart on page 23	<input type="checkbox"/>
Master Teacher Designation Renewal	Valid copy of Master Teacher designation See chart on page 23	<input type="checkbox"/>
Alternative Activities	Prior approval for LPDC is required before activity begins	<input type="checkbox"/>

_____	_____
Applicant's Signature	Date

_____	_____
Approved	Not Approved
_____	_____
LPDC Review Chairperson	Date