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| Name: | | IPDP Approval: |
| Position: | | |
| Titles of online modules/webinars: | | |
| Provider(s): | | |
| PD start date: | PD expected completion date: | |
| Select one or more activities as appropriate:   * Module/webinar/podcast completion * Written reflections and activities * Collaboration and team discussion * Classroom practice, reflection, and peer feedback | | Time expected for online learning: |
| Time expected for completion of associated activities: |
| Description of PD: | | |
| Professional learning community members, including district leadership teams, building leadership teams, and teacher-based teams (if applicable): | | |
| Alignment to Ohio’s Professional Development Standards: | | |
| Connections to IPDP Goals: | | |
| Evidence of completion to be provided (i.e., certificates of completion, time log, reflection journal, team meeting agendas, classroom artifacts, discussion questions and activities): | | |
| How will you show that this professional development has been successful in helping you achieve your IPDP goals? | | |

LPDC approval and comments

Approval as-is:

Revise/resubmit: