|  |  |
| --- | --- |
| 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: