

Revision _____	Date _____
Original _____	Date _____

Form LPDC – F2

Individual Professional Development Plan

Teacher _____ Teacher License # _____

LPDC # _____ Date IDPP initiated _____ Grade(s) _____

Subject(s) _____

Principal _____

School _____ City _____

Goals and action steps are related to student, teacher, and school needs with the context of the District Plan for Catholic Schools and the school's continuous improvement plan.

School's Continuous Improvement Goals:

1. _____

2. _____

My Goals:

1. _____

2. _____

3. (Optional) _____

