

Name Secondary Counselor  
 Site WRHS  
 Date Month, Day, Year

Plan:  New  Amendment  
 License Renewal Date \_\_\_\_\_  
 Date Received by SDC Member \_\_\_\_\_

## INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)

**Outcome# 1 Outcome: (What will happen?)**

*I will develop more knowledge and strengthen my skills to assist students in career, life, and educational development.*

**Indicators: (What evidence will verify Staff Development has happened?)**

*Attendance at counseling seminars & workshops, communication with college representatives and business and industry leaders*

**Student Outcome: (What will happen for students?)**

*Students will gain knowledge regarding career, personal and educational choices.*

| Activities/Levels   | Documented Evidence  | Time   | Area  |
|---|--|--|---|
|   |  | Start. Date      End Date                        | Check the area that applies   |
| <input type="checkbox"/> Knowledge<br><i>Workshops<br/>           Conferences<br/>           Professional Development Activities<br/>           Small and large group</i>   | <i>Attendance records<br/>           Evaluation forms<br/>           Logs and journals<br/>           Forms/agenda</i> | <br><br><br><i>(License start and end dates)</i> | <input type="checkbox"/> Content<br><br><input type="checkbox"/> Professional Education<br><br><input type="checkbox"/> Service to the Profession |
| <input type="checkbox"/> Application<br><i>Incorporate knowledge into<br/>           Department Presentations<br/>           Colleague sharing<br/>           In-district workshop<br/>           Planned events for students</i> | <i>Handouts<br/>           Notes<br/>           Feedback from students and colleagues</i>                              | <br><br><br><i>(License start and end dates)</i> | <input type="checkbox"/> Content<br><br><input type="checkbox"/> Professional Education<br><br><input type="checkbox"/> Service to the Profession |
| <input type="checkbox"/> Impact   |  |  | <input type="checkbox"/> Content<br><br><input type="checkbox"/> Professional Education<br><br><input type="checkbox"/> Service to the Profession |

\_\_\_\_\_  
 Participating Employee/Date (upon completion)

\_\_\_\_\_  
 Administrator/Date (upon approval)

\_\_\_\_\_  
 Chairperson, S.D.C./Date (upon approval)

\_\_\_\_\_  
 Chairperson, P.D.C./Date (upon approval)

\_\_\_\_\_  
 Board of Education (Original Plan Only)/Date

### IPDP COMPLETION PROCEDURE

1. Individual collaborates with Building Administrator to identify goals and write plan.
2. Submit plan to Building Administrator for approval and signature.
3. Submit plan to SDC for approval and signature.
4. Submit plan to PDC Chairperson for approval and signature.
5. Submit plan to BOE for approval and signature.