

Riverside Local Schools
NOTIFICATION OF COMPLETION OF THE IPDP
(Also for Renewal and Upgrading of Certificates Under '87 Standards)

Applicant Information:

Name: _____

Check One: ☐ Renewal ☐ Upgrade ☐ Conversion

Current Assignment: _____ Building: _____
 (grade/subject or position)

Type	Field	Expiration Date	Certificate Number	Years Taught Under Current Cert./License	Cert./License Up for Renewal/ Conversion/Upgrade
<i>Example:</i> *Professional (8 yr.) *License (5 yr.)	<i>Example:</i> *Elem K-8 *4-9 Math & Science *7-12 Comp SS	<i>Example:</i> 6/30/2004	<i>Example:</i> DU1-00-1000	<i>Example:</i> 4 Years	<i>Options:</i> *Renew 5yr. license *Convert cert to license *Upgrade/add subject or area
		6/30/20__			
		6/30/20__			
		6/30/20__			
		6/30/20__			

The purpose of this form is to certify by the educator that the requirements of the Individual Professional Development Plan or '87 renewal or upgrade requirements have been satisfactorily completed.

COMPLETION CHECK LIST:

- ☐ I have attached *transcripts* indicating successful completion of course work or have already sent them to the CAO. **List classes and number of semester hours here** (use back or additional sheet if more space is needed).

1. _____
2. _____
3. _____
4. _____
5. _____

- ☐ I have attached *documentation* for LPDC-approved workshops or conferences. **List workshops or conferences here** (use back or additional sheet if more space is needed).

1. _____
2. _____
3. _____
4. _____
5. _____

- ☐ I have attached *proof of attendance* at workshops or conferences for which CEU's are sought and LPDC approval is needed. **List workshops and number of approved CEU's here** (use back or additional sheet if space is needed).

1. _____
2. _____
3. _____
4. _____
5. _____

- ☐ I have attached a log of *activities* and a completed project *summary* for other activities approved on LPDC Form B. **List activities here** (use back additional sheet if more space is needed).

1. _____
2. _____
3. _____
4. _____
5. _____

Option: _____ Which of the five options from **Form A** did you use to fulfill your IPDP requirement? Write the number (1-5) of the option you used in the space at left.

Signature of Staff Member: _____ Date: _____

LPDC Review: ☐ **Approved** ☐ **Not approved** **Comments:**

Date: _____

LPDC Signature: _____