

EAST PALESTINE CITY SCHOOL DISTRICT

Local Professional Development Committee



INDIVIDUAL PROFESSIONAL DEVELOPMENT LOG

Name: _____ Date IPDP Approved _____

Licensure: Type - _____ Expiration Date: _____

CONTINUING EDUCATION UNITS (CEU's)

DATE OF WORKSHOP	NAME OF WORKSHOP	APPROVAL DATE	CERTIFICATE SUBMITTED		HOURS	CEU's
			YES	NO		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

GRADUATE HOURS

QUARTER / SEMESTER YEAR	NAME OF COURSE	COLLEGE OR UNIVERSITY	NUMBER OF HOURS	TRANSCRIPT GRADE REPORT	
				YES	NO
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

OTHER ACTIVITIES

ACTIVITY	CEU's	APPROVAL DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____