

**Jefferson County Educational Service Center Consortium
 Local Professional Development Committee
 Individual Professional Development Plan
 Basic Information
 Treasurers/Business Managers**

Please complete the following (Typing preferred):

Name _____ Date _____

District _____

Home Address _____

Phone Numbers – Home: _____ Office: _____

E-Mail _____

Current Assignment

District _____ Position _____ #of Years _____

Previous Assignment (Most Recent Only)

District _____ Position _____ #of Years _____

Total # of Years Experience _____

	License 1	License 2	License 3
❖ Current License Identification Number	_____	_____	_____
❖ Effective Date New License Begins	_____	_____	_____

Please Note: This completed and signed 5-page IPDP (Form #1 & Form #2) must be submitted to your district superintendent's office at the same time you submit your renewal packet.