

CERTIFICATE RENEWAL

Return this form with completed application

Print name of LPDC Richmond Heights Local Professional Development Committee

Print name of applicant _____

<p>First – Enter issue date from certificate to be renewed.</p> <p>The issue date is located in the upper right hand corner of the certificate. You can access certificate information at the Ohio Department of Education home page. http://www.ode.state.oh.us</p>	<p>____/____/____</p>
<p>Step 1. Enter semester hours taken since issue date of the certificate to be renewed.</p>	<p>_____</p>
<p>Step 2. Enter quarter hours taken since issue date of the certificate to be renewed.</p>	<p>_____</p>
<p>Step 3. Enter approved continuing education units (CEUs) earned since issue date.</p>	<p>_____</p>
<p>Step 4. Enter approved professional development units (PDUs) earned since issue date.</p>	<p>_____</p>

LPDC Verifying signature _____ Date _____

Applicant's signature _____ Date _____

Individual Professional Development Plan

Professional Growth Options

NAME _____ BUILDING _____

Date of Submission _____ Original _____ Revision _____

Must be completed for all IPDP proposals. Select ONE option you will pursue.

Option 1: 6 Semester Hours

Requirements:

- a.) Coursework must meet the Standards and Guidelines for Professional Development.
- b.) Coursework must be taken at an accredited college or university.

Option 2: 18 Continuing Education Units (CEUs)

Requirements:

- a.) CEU activities must meet the Standards and Guidelines for Professional Development
- b.) CEU activities must be endorsed by the LPDC and specific procedures for acceptance by the LPDC must be followed.

Option 3: 180 Professional Development Units (PDUs)

Requirements:

- a.) Other Approved Professional Development Activities must meet the Standards and Guidelines for Professional Development.
- b.) Individuals designing “other activities” must prepare a proposal outlining the planned activities and the number of Professional Development Units (PDUs) requested.

Option 4: Combination of above (1, 2, and / or 3)

Requirements:

- a.) Requirements and verifications for each type of activity included in the plan must meet the appropriate descriptions.
- b.) The components of the project must be equivalent to 180 PDUs
The following ratios apply:

1 Professional Development Unit (PDU)	= 1 contact hour	(180 total contact hours needed)
1 College / University Semester hour	= 30 PDUs	(6 semester hours needed)
1 CEU	= 10 PDUs	(18 CEUs needed)

Professional Development Activities / Credit

One of the critical tasks of the LPDC is to determine what professional development activities will be accepted for renewal of certificates or licenses. Such activities must be based on the needs of the educator, the students, the school, and the school district. Thus, educators' professional development plans must be at least partially based on the identified goals and priorities of the school district and the school building in which they work. College credit represents the traditional form of professional development. The following list of activities, while not exhaustive, provides a range of acceptable alternatives for meeting professional development expectations.

1. Externships
2. Educational travel
3. Action research
4. Pursuit of National Board Certification
5. Innovative unit development / program development
6. Workshops / conferences
7. Grant writing
8. Mentoring / peer tutoring
9. Service to professional organizations
10. Presentations at conferences / inservice training
11. Publishing articles / books / monographs
12. Observation / assessment processes (i.e. Mentoring, Resident Educator Training)
13. Community / business educational improvement activities
14. Establishing networks (i.e. internet news groups)
15. Case studies and analysis
16. Self-study and reflections
17. Educational research projects
18. Professional study groups
19. Teaching related to education or field of discipline at college level

Licenses renewed under the state standards require a minimum of 6 semester hours, 18 continuing education units, (CEUs), or 180 contact hours (PDUs), or a combination of all three, approved by the LPDC.

Richmond Heights Individual Professional Development Plan

Name _____ Original _____ Revision _____

Date of submission _____

Please print legibly or type all information. All responses must be completed in full.

1a. Including your rationale, briefly describe your professional development plan.

1b. Explain how your plan aligns with building and district goals.

2. Will you be enrolled in a graduate program during the renewal cycle? _____ Yes _____ No
If yes, please complete the following:

College / University _____

Degree _____ Anticipated Completion Date _____

Provide a brief rationale for pursuing this degree:

3. Identify a minimum of three specific goals and the desired outcome for each goal to help you reach your overall professional development plan.

- a.) _____
- b.) _____
- c.) _____
- d.) _____

4. Proposed Activities / Procedures (Action Plan and Timelines)

5. Evaluation. (Identify procedures you will use to determine the progress / success of each goal and your Individual Professional Development Plan.)

- a.) _____
- b.) _____
- c.) _____
- d.) _____

6. Additional information you believe to be relevant to your Individual Professional Development Plan.

7. Employee Confirmation: This document represents:

_____ Year 1 _____ Year 1 _____ Year 1 _____ Year 1 _____ Year 1

Signature _____

date _____

Richmond Heights Individual Professional Development Plan

Review Form: to be completed by the LPDC

Name _____
Current Certificate / License _____
Date IPDP submitted _____

Current Assignment _____
Renewal Date _____
Date Reviewed _____

1. The Individual Professional Development Plan has been filled out completely.

COMMENTS

_____ YES
_____ Revisions needed
_____ NO

2. The Individual Professional Development Plan is relevant to current assigned role in the district.

COMMENTS

_____ YES
_____ Revisions needed
_____ NO

3. The goal and desired outcomes of the IPDP are parallel to needs of the individual, assignment, and district.

COMMENTS

_____ YES
_____ Revisions needed
_____ NO

4. The proposed activities and timeline are reasonable and thorough.

COMMENTS

_____ YES
_____ Revisions needed
_____ NO

5. The evaluation procedures are reasonable and thorough.

COMMENTS

_____ YES
_____ Revisions needed
_____ NO

The Individual Professional Development Plan is : _____ Approved _____ Not Approved
Reason(s) IPDP is not being approved at this time:

Please: _____ Rewrite and resubmit to LPDC
_____ Make an appointment with LPDC to discuss your IPDP

Reviewed by the following LPDC members: _____ (chair)

Date _____ Copy to employee and on file in Board of education _____

Richmond Heights Individual Professional Development Committee
Coursework and CEU Proposal

You must submit a separate coursework / CEU proposal for each proposed course, unless you are enrolled in a master's program, then you may submit a course list signed by a college official regarding the courses you intend to take in your program along with one copy of this form completely filled out.

180 PDU's are needed to renew a 5-year professional license.

1 Contact hour = 1 PDU

1 CEU = 10 PDU's

1 Semester hour = 30 PDU's

Name _____ Date _____

Course Title _____ Course Number _____

College or University _____

Number of Credit hours _____ Number of CEU's _____ (Fill in one only)

Are you currently enrolled in a graduate degree program, and will this course apply towards fulfillment of that degree? _____ YES _____ NO _____ NOT APPLICABLE

If you are currently pursuing an additional certificate / license, will this course apply toward fulfillment of that certification / license? _____ YES _____ NO _____ NOT APPLICABLE

Provide a brief description of the course:

Rationale. Explain the basis for choosing this course.

Benefits. Describe the anticipated benefits to yourself, students, building, and / or district as a result of successful completion of this course.

Additional comments.

I certify that the information provided in this Coursework / CEU proposal is true and accurate to the best of my knowledge.

Signature _____ Date _____

Richmond Heights Coursework / CEU Proposal
Review Form to be completed by the LPDC

_____ This coursework /CEU has been APPROVED as submitted for credit.

_____ Semester hour (s) credit.

_____ CEU credit.

Signature of LPDC chairperson

Date

_____ This coursework /CEU has merit but HAS NOT BEEN APPROVED as submitted.
You may refine the highlighted area(s) and resubmit the proposal.

Signature of LPDC chairperson

Date

_____ This coursework /CEU HAS BEEN DENIED at this time. The purposes, process and benefits of the course in relation to your Individual Professional Development Plan are unclear. If you still feel this coursework / CEU is worthwhile, please redefine and restate your proposal before resubmitting.

Signature of LPDC chairperson

Date

Credit toward certification / licensure will be awarded upon receipt of confirmation of completion of the coursework / CEU by your immediate supervisor. Transcripts must be submitted to the Board Office for your file.

Any staff member may personally present an activity proposal by requesting an appointment at a regularly scheduled LPDC meeting.

Richmond Heights Individual Professional Development Committee
Professional Development Units Proposal

You must submit a separate professional development proposal for each proposed activity.

180 PDU's are needed to renew a 5-year professional license.

1 Contact hour = 1 PDU

1 CEU = 10 PDU's

1 Semester hour = 30 PDU's

Name _____ Date _____

Title of Activity _____

Number of Professional Development Units requested for this activity _____

Process. Describe the activity. If this is a collaborative effort, list all team members and their expected roles and responsibilities.

Rationale. Explain the basis for choosing this activity.

Benefits. Describe the anticipated benefits to yourself, students, building, and / or district as a result of successful completion of this activity.

Product. Describe the finished product; e.g. staff presentation, video, software package, etc...

Additional Comments:

I certify that the information provided in this Professional Development Activity Proposal is true and accurate to the best of my knowledge.

Signature _____ Date _____

Professional Development Units Activity
Review Form to be completed by the LPDC

_____ This activity has been APPROVED as submitted for _____ PDU's

Signature of LPDC chairperson

Date

_____ This activity has merit but HAS NOT BEEN APPROVED as submitted.
You may refine the highlighted area(s) and resubmit the proposal.

Signature of LPDC chairperson

Date

_____ This activity HAS BEEN DENIED at this time. The purposes, process and benefits of the activity in relation to your Individual Professional Development Plan are unclear. If you still feel this activity is worthwhile, please redefine and restate your proposal before resubmitting.

Signature of LPDC chairperson

Date

Credit toward certification / licensure will be awarded upon receipt of confirmation of completion of the activity by your immediate supervisor. Paperwork and verification logs must be submitted to the Board Office for your file.

Any staff member may personally present an activity proposal by requesting an appointment at a regularly scheduled LPDC meeting.

Richmond Heights School District
Appeal Form
Submitted by staff member to LPDC

Name _____ Date _____ Building _____

I formally request an appeal to the Local Professional Development Committee based on the following:

- _____ 1. Rejection of the IPDP
 - _____ Incomplete Plan
 - _____ Plan lacks relevance to current assignment
 - _____ Goals unrelated to the individual, assignment, and district
 - _____ Outcomes for each goal lack clarity
 - _____ Insufficient activities and corresponding timeline
 - _____ Lack of appropriate evaluation procedures

_____ 2. Recommendation of non-renewal of certificate/license

For LPDC use (To be completed by LPDC, with copies sent to individual requesting appeal).

Appeal form received on _____ by _____

Appeal hearing will take place on _____ at _____
(date) (time)

The location of the hearing is _____

PLEASE BE PREPARED WITH SUPPORTIVE DOCUMENTATION.

Confirmation of meeting is to be made within three business days by phoning

_____ at _____

LPDC use:

Notification of Appeal hearing sent on: _____

Confirmation of Employee's intent to attend appeal received on: _____

Comments:

Signature of LPDC chairperson

Date