

Talawanda Schools Professional Development Committee  
Individual Professional Development Plan (IPDP)  
Professional Development Activity Sheet

Name: \_\_\_\_\_ IPDP#: \_\_\_\_\_

Building: Bogan      Kramer      Marshall      TMS      THS

Name of Activity: \_\_\_\_\_ Type of Activity: \_\_\_\_\_ PD Points: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Attendance Times: \_\_\_\_\_

Write the goal on your IPDP, which this activity supports on the lines below.

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**Form  
A**

**(This section must be completed and approved prior to the activity ONLY if it is not a District sponsored activity.)** Describe how this activity supports your goal and how student learning will be impacted.

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**Form  
B**

**(This section must be completed after the activity AND submitted WITH documentation of completion of the activity.)** Describe what knowledge you gained and how it will be implemented to improve student achievement.

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Employee Use	LPDC Use
I certify that the information provided in this activity proposal is accurate to the best of my knowledge. Signed: _____ Date: _____	_____ _____ _____ _____ Form A date approved _____ Form A date rejected _____ Form B date approved _____ Form B date rejected
I have included the following: _____ _____ completed Form A for events that are not district sponsored _____ _____ a copy of my IPDP _____ _____ documentation of completion of the activity for Form B	TPDC signature: _____  Employee provided: _____ _____ completed Form A for events that are not district sponsored _____ _____ a copy of IPDP _____ _____ documentation of completion of the activity for Form B