

Individual Professional Development Plan (IPDP)

Application



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

For State Use Only

Date Received: _____
Reviewed/approved: _____
Date approved: _____

Important, please read

- The IPDP submitted must have been written/updated within the past three months
- Read **“Guide to Creating an IPDP”** before completing and submitting this form with your CDD grant application. An insufficient IPDP can delay or prevent a grant award.
- This form or a comparable IPDP must accompany your application.

Name (Print) _____ Birth Date _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ Email _____

This IPDP will accompany the following type of application (check one)

- | | |
|---|--|
| <input type="checkbox"/> College Tuition - Individual | <input type="checkbox"/> CCP Credential Fees |
| <input type="checkbox"/> Credential Achieved: Bonus | <input type="checkbox"/> Peer Review Assessment Fees |
| <input type="checkbox"/> Degree Achieved: Bonus | <input type="checkbox"/> Inservice: Individual |
| <input type="checkbox"/> CCP Accreditation | <input type="checkbox"/> NAFCC Accreditation |
| <input type="checkbox"/> CDA Credential Fees | |

Assessing

Briefly, describe the process you undertook to assess your professional knowledge and skills and to identify priorities for your IPDP.

Prioritizing

Based on your assessment, describe one short-term goal and two long-term goals that are high priorities for you.

1) One Short-term Goal (To be accomplished within 6 months) _____

2) Two Long-term Goals (To be accomplished within 3-5 years) _____

Clarifying

Describe a few important and specific action steps you plan to take to address each goal.

1) Action steps for Short-term goal _____

2) Action Steps for Long-term goal #1 _____

3) Action Steps for Long-term goal #2 _____

Reflecting

Describe your plans to reflect on your growth as a result of implementing your plan and describe your thoughts on how and when you plan to update your IPDP.

This plan was written on (Date) _____ Signature _____ Date _____

Have a supervisor, advisor, mentor or other colleague with whom you've discussed these ideas, sign here, circle or write in if this person is a peer mentor, supervisor, etc.

Signature _____ Date _____ Role _____