Xenos Christian Schools
Individual Professional Development Plan
Teacher Profile

Date Plan submitted to the LPDC: **School Year:**

Name: _____ _____ _____ **SS#:**
Last First M.I.

Address:
Street City State Zip

List All Certificates/Licenses to which this plan applies - complete each line and attach copies of each. List all areas exactly as they appear.

Certificate #	Grade	Type	Class	Expiration

Teaching/Professional Assignment(s) for present school year of:

Position	Grade	Building

_____ _____

Teacher Signature	LPDC Signature