**IPDP DOCUMENTATION VERIFICATION**

Name:       License Expiration Date:

You must have a total of 6 semester hours or the equivalent to renew. Feel free to use more than one sheet if you have more Professional Development to document. A ONE PAGE REFLECTION FOR EACH GOAL MUST BE ATTACHED TO THIS FORM. **THIS FORM MUST BE TYPED.**

**Goal 1: List ALL courses and/or PDUs below.**

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| --- | --- | --- | --- | --- |
|  **Course/Workshop Title** | **Course Number** | **Number of Credits/PDUs** | **Dates taken** | **College** |
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**Goal 2: List ALL courses and/or PDUs below.**

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| --- | --- | --- | --- | --- |
| **Course/Workshop Title** | **Course Number** | **Number of Credits/PDUs** | **Dates taken** | **College** |
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Please complete the following questions to determine if you meet the State Board of Education’s definition of consistently high-performing teacher.

During the current licensure cycle, a consistently high-performing teacher has:

* Received the highest final summative rating on evaluations, as defined by the OTES for at least four of the past five years;
	+ [ ]  Yes [ ]  No **AND**
* Met at least one of the following additional criteria for at least three of the past five years with supporting documentation attached:
* Held a valid senior or lead professional educator license.
	+ [ ]  Yes [ ]  No
* Held a locally recognized teacher leadership role that enhances educational practices by providing professional learning experience at district, regional, state or higher level;
	+ [ ]  Yes [ ]  No
* Served in a leadership role for a national or state professional academic education organization;
	+ [ ]  Yes [ ]  No
* Served on a state level committee supporting education; or
	+ [ ]  Yes [ ]  No
* Received state or national educational recognition or award.
	+ [ ]  Yes [ ]  No

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(This portion is to be completed by LPDC only!!) [ ]  Approved [ ]  Not Approved

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If approved, please go online to ODE to apply for your new license**. Fingerprinting can be arranged through Colleen Jackson.

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LPDC Committee Member Date