**IPPD Form 1 – TEACHER’S INDIVIDUAL PLAN FOR PROFESSIONAL DEVELOPMENT (IPPD)**

**School Year**

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| **NAME OF TEACHER:** |  | **POSITION:** |  |
| **SCHOOL:** |  | **DISTRICT:** |  | **DIVISION:** |  | **REGION:** |  |
| **PRIORITY PROFESSIONAL DEVELOPMENT NEEDS*****(****Based on NCBTS-TSNA results & lerners’ performance data)* | 1.2.3. |
| **PROFESSIONAL DEVELOPMENT GOAL:** |  |
| **OBJECTIVES** | **METHODS/STRATEGIES** | **RESOURCES** | **TIME FRAME** | **SUCCESS INDICATOR** |
| *(What competencies will I enhance?)* | *(What professional activities will I undertake to achieve my objective?)* | *(What will I do to access resources?)* | *(When do I expect to have accomplished the activities?)* | *What NCBTS competencies would I have enhanced?* | *What learners’ performance would have been improved?* |
| A. |  |  |  |  |  |
|  |  |  |  |  |
| B. |  |  |  |  |  |
|  |  |  |  |  |
| C. |  |  |  |  |  |
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| **Reviewed by:****Name and Designation** |  | **Committed to Implement:****Name of Teacher** |  | **Date:** |
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