**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. | | | | |  | | |  | |  | | | |  | |  | |
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| B. | | | | |  | | |  | |  | | | |  | |  | |
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| C. | | | | |  | | |  | |  | | | |  | |  | |
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| **Reviewed by:**  **Name and Designation** | | |  | | | | | **Committed to Implement:**  **Name of Teacher** | | |  | | | | | **Date:** | |
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