

**Developmental Specialist
Individualized Professional Development Plan (IPDP)**

COVER PAGE

Name:		Current Developmental Specialist certification: Level (check one)	
Provider Agency:		<input type="checkbox"/> DS I (Basic)	<input type="checkbox"/> DS I (Advanced)
Date of Initial Certification:		<input type="checkbox"/> DS II	<input type="checkbox"/> DS III
Date of Anticipated Re-Certification:			
IPDP Start Date:	IPDP 6-month Review Date:	IPDP End Date:	
<small>(A new IPDP is required annually)</small>			
Developmental Specialist Signature:		Supervisor Signature:	



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GOAL & STRATEGY PAGE

Name _____

Developmental Specialist Level _____

IPDP Start Date _____

Professional Development Goal (general statement of what you want to learn)	Competency Indicator(s)	Strategies to obtain knowledge/skills: (i.e. read, view video, take class, observe / shadow mentor, etc.)	Support Needed	Timeline	Date Goal Completed

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RE-CERTIFICATION TRACKING PAGE

Name _____ Developmental Specialist Level _____ Initial Certification Date _____

Professional Development Goal (one goal per page): _____

Activity(ies) completed (classes, workshops, self-study, etc.)	Competency Indicator(s)	Date Completed	Contact Hours	Supervisor Initials
Total Hours				

The contact hours stated above are a true reflection of the professional development activities I have completed

Developmental Specialist Signature _____

Date _____