



**PROFESSIONAL DEVELOPMENT PLAN - InSpIRE Ready!**  
 (For first time **Secondary Limited Occupational Specialist** educators)

Date \_\_\_\_\_ to \_\_\_\_\_

This **Professional Development Plan** (PDP) conveys your intent, with the agreement of your employer or supervisor (per signatures below), to successfully complete the InSpIRE Ready! program to move from the Limited Occupational Specialist (LOS) to the Standard Occupational Specialist (SOS) Certificate at the conclusion of the LOS validity period. If choosing this option, this form must be included as an element of the application packet when applying for the initial certification. Mail the completed application packet to **IDCTE, Attn: Educator Certification, 650 W State St Ste 324, Boise, ID 83702-5936.**

<b>Name:</b>	<b>EDUID Number:</b>
<b>Home Address:</b>	<b>Home/Cell Phone:</b>
<b>Work Address:</b>	<b>Work Phone:</b>

**Current Position:**

**Current Credential(s) Held:** *Currently applying for Limited Occupational Specialist Certificate.*

**Credential(s) Sought:** *Seeking Standard or Advanced Occupational Specialist Certificate.*

**Professional Development Plan Goal Statement:**  
*Within the three-year validity period of the Limited Occupational Specialist Certificate, engage in educator pedagogical training to qualify for Standard (SOS) or Advanced Occupational Specialist (AOS) Certificate.*

ACTIVITY PLANNED*: Course / Workshop / In-Service	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Core: Educator Standards	Online through IDCTE			40
First Camp	Determined yearly			40
First Camp Occ Analysis (OA)	Determined yearly			40
Module 1: Clsrm Mgmt & Lrn Environ	Online/College of Southern Idaho			45
Module 2: Clarity of Inst/Content Acc	Online/College of Southern Idaho			45
Module 3: Professionalism	Online/College of Southern Idaho			45
Module 4: Engagement & Content App	Online/College of Southern Idaho			45
Module 5: Success Lrng by Students	Online/College of Southern Idaho			45
Core: Idaho CTE	Online through IDCTE			45

<b>Local Supervisor:</b> <i>Printed Name</i>	<b>Title/Institution:</b> <i>For Local Supervisor</i>
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<b>Local Supervisor's Signature</b>	<b>Date</b>
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<b>Applicant's Signature</b>	<b>Date</b>
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Revisions to this PDP can be made with IDCTE and supervisor approval. Make note of changes on this sheet and send a copy to the director for IDCTE educator certification at the address noted in the directions above. Upon approval, a signed copy will be returned to candidate.

Received by ICTE Certification Office, on Date: