



## PROFESSIONAL DEVELOPMENT PLAN - Inspire Ready!

(For first time *Secondary Limited Occupational Specialist* educators)

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. The Inspire Ready! route is only available to educators contracted to teach a CTE program with a Local Education Agency (LEA).

<b>Name:</b>	<b>EDUID Number:</b>	
<b>Home Address:</b>	<b>Home/Cell Phone:</b>	
<b>Work Address:</b>	<b>Work Phone:</b>	
<b>Current Position:</b>		
<b>Current Credential(s) Held:</b> <i>Currently applying for Limited Occupational Specialist Certificate.</i>		
<b>Credential(s) Sought:</b> <i>Seeking Standard or Advanced Occupational Specialist Certificate.</i>		
<b>Professional Development Plan Goal Statement:</b> <i>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.</i>		
<b>ACTIVITY PLANNED</b> Course / Workshop / In-Service	<b>Location of Activity*</b>	<b>Date(s) Planned</b>
Core: Educator Standards	Online through IDCTE Canvas	
<b>Block A:</b> Launching Your Classroom with Confidence	In Person (Summer or Winter) and Synchronous+ Virtual Meetings	
<b>Block B:</b> Planning & Teaching for Engagement	In Person (Summer or Winter) and Synchronous Virtual Meetings	
<b>Block C:</b> Growing as a Reflective, Collaborative Professional	Synchronous (Summer or Winter) Virtual Meetings	
<b>Block D:</b> Building CTE that Tackles Industry Needs	Synchronous (Summer or Winter) Virtual Meetings	
<b>Local Supervisor: Printed Name</b>		<b>Title/Institution: For Local Supervisor</b>
<b>Local Supervisor: Signature</b>		<b>Date</b>
<b>Applicant: Signature</b>		<b>Date</b>
Revisions to this PDP can be made with IDCTE certification and supervisor approval. Make note of changes on this sheet and send a copy to IDCTE educator certification at <a href="mailto:certification@cte.idaho.gov">certification@cte.idaho.gov</a> . Upon approval, a signed copy will be returned to candidate.		
<b>IDCTE USE ONLY:</b>  PDP approved by IDCTE on date:  PDP validity period:		

Revised 10.29.2025

\*Location of Activity:

- In Person – Face-to-face training at common location, likely requires travel
- Virtual – Instruction is synchronous through a virtual connection, no travel required

+Synchronous (defn.) – training occurring at same time for all participants