

Emmanuel Christian Academy

**Individual Professional Development Plan
Employee Profile**

Date of Submission _____

Please print legibly or type all information. All responses must be completed in full.

Last name _____ First name _____

Work Phone Number _____ Home Phone Number _____

Current Position _____ # of years in current position _____

Total years @ ECA _____ Total years experience _____

List all Certificates/Licenses held. First list Certificate under which you are currently working.

| Certificate(s) | Type (4 Year/ 8 Year Provisional, Professional, Permanent) | Expiration Date | Do You Need to Renew or Convert this Year? (✓) |
|----------------|--|-----------------|--|
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If yes, specify which one(s): _____

Will you be working towards licensure? _____ Yes _____ No

If yes, my IPDP Plan covers the school years: _____ through _____