

EDUCATOR PROFILE

Please complete the following:

Name _____ SS# _____ - _____ - _____

Home Address _____

City/State/Zip _____

Building _____ Substitute _____

Phone Numbers: Home _____ School _____

Email _____

List the type of license you are currently using:

License Type _____

License Identification Number _____

List areas on your current license:

_____ Date license expires _____/_____/_____

_____ Date license expires _____/_____/_____

_____ Date license expires _____/_____/_____

The Educator Will:

_____ 1. Maintain a log of professional growth activities for his/her own review

_____ 2. Seek approval for any change in the IPDP prior to implementing the change

_____ 3. Maintain a personal record of all locally approved CEUs and university transcripts