



**Individual Leader Professional Development Plan (ILPDP)  
Administrator  
Cedar Rapids Community School District**

**Name of Administrator:** Enter text here.

**Name of Evaluator:** Enter text here

**Date of ILPDP Conference:** Select Date

**Individual Leader Professional Development Plan (ILPDP):**

Every administrator every year (except those who are in their first year in the district) is required by Iowa law (Chapter 284A.7) to write and work on an Individual Leader Professional Development Plan (ILPDP). It must be tied to his/her school's Comprehensive School Improvement Plan, the Six Standards for School Leaders, and Marzano School Leader Evaluation Model, with growth areas identified by the administrator for him/herself.

**Action Plan**

**GOAL (SMART Format):** Click or tap here to enter text.

Description of Proposed Action/Activity (What is going to be done to address this goal?)	Iowa Standards for School Leaders / Marzano School Leader Evaluation Model (Standard/Domain/ Element)	Results (What will be the evidence of the impact on the goal)	Person(s) Impacted (Who will be involved?)	Resources (Funding Source & Cost)	Timeline (When will the activity occur?)
#1					

Description of Proposed Action/Activity (What is going to be done to address this goal?)	Iowa Standards for School Leaders / Marzano School Leader Evaluation Model (Standard/Domain/ Element)	Results (What will be the evidence of the impact on the goal)	Person(s) Impacted (Who will be involved?)	Resources (Funding Source & Cost)	Timeline (When will the activity occur?)
#2					

Description of Proposed Action/Activity (What is going to be done to address this goal?)	Iowa Standards for School Leaders / Marzano School Leader Evaluation Model (Standard/Domain/ Element)	Results (What will be the evidence of the impact on the goal)	Person(s) Impacted (Who will be involved?)	Resources (Funding Source & Cost)	Timeline (When will the activity occur?)
#3					

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**Name of Administrator:** \_\_\_\_\_

**Name of Evaluator:** \_\_\_\_\_

**Date of Post ILPDP Conference:** \_\_\_\_\_

**Section I:** To be completed by the Evaluator:

Did the Administrator make sufficient growth toward their goals:  Yes  No

**Section II:** To be completed by the Administrator:

Comments on Goal Achievement/Progress:

**Section III:** To be completed by the Evaluator:

Comments on Goal Achievement/Progress:

Signature and Position of Evaluator: \_\_\_\_\_

Signature of the Administrator: \_\_\_\_\_

\* Signature does NOT necessarily indicate agreement with the assessment but indicates the Administrator is aware that this assessment will become part of his/her personnel file.