

Educational Interpreter for Deaf & Hard of Hearing Individual Professional Development Plan

Interpreter Name:			District/LEA #:		
10 Digit CAPS/KSDE ID:			Grades Interpreter is working with:		
Supervisor's Signature / Date			Interpreter's Signature / Date		
EIPA Standards or ESSE Area	Code	Rating	Activities Level 1: Knowledge	Projected Date(s) & Hours	Actual Date & Hours
Verification for points at Level 1:					
EIPA Standards or ESSE Area	Code	Rating	Activities Level 2: Application	Projected Date(s) & Hours	Actual Date & Hours
Verification for points at Level 2					
EIPA Standards or ESSE Area	Code	Rating	Activities Level 3: Impact	Projected Date(s) & Hours	Actual Date & Hours
Verification for points at Level 3					

KSDE acceptance of Plan _____

Signature of Director or Consultant responsible for interpreter training

- Authorized from beginning of school year
- Authorized from beginning of semester

Acceptance Date: _____

Effective Dates: _____