



Illinois State Board of Education

100 North First Street, C-215
Springfield, Illinois 62777-0001

DUAL CREDIT PROFESSIONAL DEVELOPMENT PLAN

STANDARDS AND INSTRUCTION DEPARTMENT

INSTRUCTIONS: All professional development plans must be approved by the community college partner. Upon approval of the PD plan, a copy should be submitted to the Illinois State Board at dualcredit@isbe.net.

All components of the PD plan must be completed within three years of the date of its approval or by January 1, 2028, whichever is sooner.

EDUCATOR INFORMATION

NAME	
IEIN	LICENSE ID
SCHOOL DISTRICT	PARTNERING COMMUNITY COLLEGE

Select which option best describes the PD Plan being utilized.

Master's Degree Option *[To be completed by Community College staff]*

Requirements for Qualification	Present	Comments
Master's degree in any discipline	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
9 graduate hours in the discipline to be taught	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	

Or

Bachelor's Degree Option *[To be completed by Community College staff]*

Requirements for Qualification	Present	Comments
Bachelor's degree with a minimum of 18 graduate hours in the discipline to be taught	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
Enrolled in a discipline-specific master's program	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	

DUAL CREDIT COURSE INFORMATION

DISTRICT COURSE TITLE	COLLEGE COURSE TITLE
DISTRICT COURSE #	COLLEGE COURSE #

Course Work Information

Learning Institution <i>(If different than partnering Community College)</i>	Department Content	Course Number	Course Title	Earned Hours	Grade	Completion Date

Professional Plan Approval

This verifies that this review and determination of minimum qualifications and determination of approval status has been duly authorized and reflects the official action of the college.

In progress: Professional Plan has been reviewed and approved by the community college.

Date of Approval: _____

Completed: Professional Plan has been successfully completed and verified by the community college.

Date of Approval: _____

AUTHORIZED REPRESENTATIVE - PARTNERING DISTRICT

POSITION	EMAIL	PHONE

_____ *Digital or Original Signature*

_____ *Date*

AUTHORIZED REPRESENTATIVE - PARTNERING COMMUNITY COLLEGE

POSITION	EMAIL	PHONE

_____ *Digital or Original Signature*

_____ *Date*