KANSAS CITY KANSAS PUBLIC SCHOOLS
APPLICATION FOR INDIVIDUAL IDP POINTS

This form must be filled out completely, and have all appropriate signatures.

(PLEASE PRINT CLEARLY or TYPE)

Last Name First Name Middle Name Maiden Name Employee ID#

School Location of Inservice

Activity Name:

Activity Beginning Date: _____ Activity Ending Date: _____

Number of Actual Contact Hours**:** _____
(Do not include break times or meal times unless the meals were "working meals")

Referring to the Goals you defined in your Individual Development Plan, please provide the following information about the activity:

1. What was the outcome of the activity? _____

2. How will you demonstrate the new knowledge or skill? _____

3. How will you demonstrate achievement of your outcome? _____

Attach copies of pertinent information that documents this activity.
➢ ➢ ➢ Incomplete forms or forms without documentation will NOT be accepted. ➢ ➢ ➢

Teacher's Signature Date Principal's Signature Date

Return to:
KCKPS-HUMAN RESOURCES
ATTN: Tanya Davis
2010 N 59th
Kansas City, Kansas 66104

For Office Use Only
Date Received _____

Date Entered _____

Activity No. _____