

**2<sup>nd</sup> Year Administrators Individual Development Plan Summary Form**

Submit this form to the Department of Education /Office of Educator Licensing and Development when you apply for your proficient practitioner license with your application.

2nd Year Administrator

Print Full Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Affirmation from the  
Mentor/Principal/Director/Superintendent/School Board  
Representative:**

*I hereby affirm that the protégé above has successfully completed their IMAP  
internship Requirements*

Print Full Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_