**Optional Individual Teacher Professional Development Plan (PDP) Template**

|  |  |  |
| --- | --- | --- |
| **District Name** | **School Name** | **Date** |
|  |  |  |
| **Teacher Name** | **Assignment/Department/Grade Level** | **Rating & Date of Most Recent Summative Evaluation** |
|  |  |  |
| **Supervisor Name** | **Principal Name (if different)** | **Plan Begin/End Dates** |
|  |  |  |

**I. Areas Identified for Development of Professional Practice**

|  |  |  |
| --- | --- | --- |
| **No.** | **Areas Identified for Development** | **Rationale/Sources of Evidence** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**II. Professional Learning Goals and Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area**  **No.** | **Professional Learning Goals** | **Initial Activities** | **Follow-up Activities**  **(as appropriate)** | **Estimated Hours** | **Completion Date** |
| **1** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **2** |  |  |  |  |  |
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| **3** |  |  |  |  |  |
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**III. District and School PDP Support**

|  |
| --- |
| **District/School Administrator Support Activities** |
|  |

***My signature below indicates that I have received a copy of this PDP and that I understand and contributed to its contents.***

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**IV. PDP Progress Summary**

***Interim Review of PDP Progress (optional)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area**  **No.** | **Demonstrated Progress** | **Sources of Evidence** | **PDP Revisions (if applicable)** | **Review Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

***My signature below indicates that I have reviewed the information recorded in the Interim Review of PDP Progress and that I understand its contents:***

**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Summative Review of PDP Progress (required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AreaNo.** | **Professional Learning Goals** | **Expectations**  **Met (Y) or**  **Not Met (N)** | **Sources of Evidence** | **Summative Review Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

***My signature below indicates that I have reviewed the information recorded in the Summative Review of PDP Progress and that I understand its contents:***

**Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**