



PDP Professional Development Plan

Name: _____ Position: _____ Date: _____

School/program: _____ Social Security Number: _____

PROFESSIONAL DEVELOPMENT TEAM MEMBERS:

SCHOOL DEPARTMENT IMPROVEMENT GOAL PDP WILL BE SUPPORTING:

PROFESSIONAL DEVELOPMENT GOAL: (District Curriculum Content Standards of Effective Instruction and/or Teacher Job Description may be used as planning tools. Please make goal student-centered if you work directly with students. If you do not work directly with students, make your goal applicable to supporting student achievement).

STUDENTS OBJECTIVES: (Outline specifics of the goal and what is to be accomplished by students.)

TEACHER OBJECTIVES: (Outline specifics of the goal and what is to be accomplished by you.)

STRATEGIES TO BE USED TO REACH GOALS AND OBJECTIVES : (Activities that you and students will be doing to accomplish goals and objectives. How will you accomplish the what of the plan?)

RESOURCES NEEDED: (e.g. people, time, material, staff development.)

INDICATORS OF GOAL ACHIEVEMENT: (How will you know you are getting there? What evidence will there be to support progress? What data will you collect and how will it be collected?)

WHAT DISTRICT CONTENT AND/OR MINNESOTA STANDARD(S) DOES THIS PLAN SUPPORT?: (You may simply list the subject area and the numbers that correspond to the standard.)

TIMELINE FOR TEAM MEETINGS: (At least three per year are required. Additional meetings may be scheduled as needed or desired.)

FALL (PLAN)

WINTER (REPORT)

SPRING (REPORT)

TECHNIQUES SELECTED TO ASSIST IN GOAL ATTAINMENT:

- | | |
|--|-------------------------------|
| _____ Peer Coaching/Cognitive Coaching | _____ Action Research |
| _____ Professional Portfolio | _____ Journaling |
| _____ Formal/Informal Observations | _____ Videotaping/Audiotaping |
| _____ Study Group | _____ Student/Family Surveys |
| _____ Networking Group | _____ Other: |
| _____ Reviewing Student Work | |

SIGNATURES: (Completed plan needs to be discussed with PDP Team before being signed and submitted.)

You: _____

Coach: _____

Supervisor: _____

Team Member: _____

Please note: Make three copies of this plan. Keep one copy for yourself. Give two copies to your PDP Site Coordinator. One copy will be kept at your site and the other copy will be forwarded to Human Resources. Each school should forward all completed PDP forms together in one packet versus each individual plan separately.