

## Sample Individual Professional Development Plan For Massachusetts Educators

| Home Address                          |                    |                             |         |              |
|---------------------------------------|--------------------|-----------------------------|---------|--------------|
|                                       | City               | Stat                        | te      | Zip Code     |
| Primary Area                          | Cert               | ificate Number              |         |              |
| District S                            | School             | Grade Level(s)              | Subjec  | t(s)         |
| Professional Developme<br>longer 120) | nt Points Required | for Renewal of <b>Prima</b> | ry Area | 150 PDPs (no |
| Total number of l                     | PDPs required in c | on                          |         |              |
| My professional growth ເ              | goals (please numb | oer):                       |         |              |
|                                       |                    |                             |         |              |
|                                       |                    |                             |         |              |
|                                       |                    |                             |         |              |

| My professional growth goals are consistent with the following district and/or cohect goals. |
|--|
| My professional growth goals are consistent with the following district and/or school goals: |
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|  |

## Record of Approved Professional Development Activities for Primary Area

| Professional Development | Professional | Content | Other      | *Date       | Date     |
|--------------------------|--------------|---------|------------|-------------|----------|
| Activity                 | Growth Goal  | PDPs    | PDPs       | Approved    | Complete |
|                          | (Goal        |         | (pedagogy  | &           | d        |
|                          | Number)      |         | or         | Supervisor  |          |
|                          |              |         | profession | 's Initials |          |
|                          |              |         | al skills) | OPTIONA     |          |
|                          |              |         |            | L           |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |
|                          |              |         |            |             |          |

| Initial Review and Approval         |                    | Da      | te           |                |                  |           |
|-------------------------------------|--------------------|---------|--------------|----------------|------------------|-----------|
| Educator's Name                     | Certificate Number |         |              |                | 1                |           |
| on our website at www.doe.mass.     | edu/recer          | t.      |              |                |                  |           |
| This document and other Departm     | nent of Ed         | ucatio  | n documer    | nts and public | cations are av   | ailable   |
| Use additional copies of this form  | if necessa         | ary.    |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    | N       | umber)       |                |                  |           |
|                                     |                    |         | (Goal        |                |                  |           |
| ·                                   | -                  | Gro     | wth Goal     | PDPs           | PDPs             | Completed |
| Professional Development A          | ctivity            | Pro     | fessional    | Content        | Other            | Date      |
| Record of Additional Profession     | nal Devel          | opme    | nt Activitie | es for Electiv | ve PDPs          |           |
| the educator to improve student le  | earning.           |         |              |                |                  |           |
| the educational needs of the scho   |                    | distric | and is des   | signed to enh  | ance the abili   | ty of     |
| *The Supervisor's initials indicate | that the p         | rofess  | ional deve   | lopment activ  | rity is consiste | nt with   |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     |                    |         |              |                |                  |           |
|                                     | ı                  |         |              | T              | _                | _         |

| The signature below indicates that 80% of Development Plan is consistent with the is designed to enhance the ability of the | educational needs of the scl  | hool and/or district and   |
|---|-------------------------------|----------------------------|
|   |                               |                            |
| Supervisor's Name (print)   | Title                         | Signature                  |
| First Two Year Review   | Date                          |                            |
| The signature below indicates that this e was reviewed.   | ducator's Individual Professi | onal Development Plan      |
| Please check one.   |                               |                            |
| The Plan remains consistent with  | n the educational needs of th | ne school and/or district. |
| The Plan was reviewed and ame   | ended.                        |                            |
| Supervisor's Name (print)   | Title                         | Signature                  |
|   |                               |                            |
| Second Two Year Review  | Date                          |                            |
| The signature below indicates that this e was reviewed.   | ducator's Individual Professi | onal Development Plan      |
| Please check one.   |                               |                            |
| The Plan remains consistent with  | n the educational needs of th | ne school and/or district. |

| The Plan was reviewed and an  | nended.                          |           |
|---|----------------------------------|-----------|
| Supervisor's Name (print)   | Title                            | Signature |
| Final Endorsement   | Date                             |           |
| The signature below indicates the superprofessional Development Activities are approved professional development pl | nd the reported activities are c |           |
| Supervisor's Name (print) Signature   | Title                            |           |