

## Sample Individual Professional Development Plan for Massachusetts Educators

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Name: Last	First	Middle	Renewal Year
Home Address	Cit	y State	Zip Code
Primary Area	Се	rtificate Number	
District	School	Grade Level(s)	Subject(s)
	er of PDPs required in contents with goals (please number):	ent	
My professional gro	wth goals are consistent wit	h the following district and/or sc	hool goals:
My professional gro	wth goals are consistent wit	h the following district and/or sc	hool goals:

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs (pedagogy or professional skills)	*Date Approved & Supervisor's Initials <b>OPTIONAL</b>	Date Completed

## **Record of Approved Professional Development Activities for Primary Area**

\*The Supervisor's initials indicate that the professional development activity is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

## **Record of Additional Professional Development Activities for Elective PDPs**

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs	Date Completed

Use additional copies of this form if necessary. This document and other Department of Education documents and publications are available on our website at www.doe.mass.edu/recert.

Educator's Name	Certificate Nu	mber			
Initial Review and Approval	Date				
The signature below indicates that 80% of this consistent with the educational needs of the sch the educator to improve student learning.					
Supervisor's Name (print)	Title	Signature			
First Two Year Review	Date				
The signature below indicates that this educator	r's Individual Profess	sional Development Plan was reviewed.			
Please check one.					
The Plan remains consistent with the e	educational needs of	the school and/or district.			
The Plan was reviewed and amended.					
Supervisor's Name (print)	Title	Signature			
Second Two Year Review Da	ate				
The signature below indicates that this educator's Individual Professional Development Plan was reviewed.					
Please check one.					
The Plan remains consistent with the e	educational needs of	the school and/or district.			
The Plan was reviewed and amended.					
Supervisor's Name (print)	Title	Signature			
Final Endorsement	Date				
The signature below indicates the supervisor ha	as reviewed this educ	ator's Record of Professional			

Development Activities and the reported activities are consistent with the approved professional development plan.

Supervisor's Name (print)

Title

Signature