

Individual Professional Development Plan



**for Massachusetts Educators**

Name: Last First Middle Renewal Year

Home Address City State Zip Code

Primary Area Certificate Number

District School Grade Level(s) Subject(s)

Professional Development Points Required for Renewal of **Primary Area** 150 PDPs (no longer 120)

Total number of PDPs required in content

My professional growth goals (please number):

My professional growth goals are consistent with the following district and/or school goals:

*[Please see the District website for the current system-wide goals.]*

# Record of Approved Professional Development Activities for Primary Area

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Professional Development Activity | Professional Growth Goal  (Goal Number) | Content  PDPs | Other  PDPs  (pedagogy or professional skills) | \*Date Approved & Supervisor’s Initials  **OPTIONAL** | Date Completed |
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\*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 |
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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 Number

# Initial Review and Approval Date

The signature below indicates that 80% of this educator’s Individual Professional Development Plan 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.

Supervisor’s Name (print) Title Signature

# First Two Year Review Date

The signature below indicates that this educator’s Individual Professional Development Plan was reviewed.

*Please check one*.

The Plan remains consistent with the educational needs of the school and/or district.

The Plan was reviewed and amended.

Supervisor’s Name (print) Title Signature

# Second Two Year Review Date

The signature below indicates that this educator’s Individual Professional Development Plan was reviewed.

*Please check one*.

The Plan remains consistent with the 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 has reviewed this educator’s Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

Supervisor’s Name (print) Title Signature