

## INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

**\*\* Attach copy of project description for OPTION 1**

District \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Certification(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

Expiration Date: June 30, 20\_\_

3. \_\_\_\_\_

Successor Plan Due Date: October 15, \_\_\_\_\_

4. \_\_\_\_\_

[Use additional space as needed- website expands spaces or on back of form.]

1. List specific district and school-based goals that this plan addresses:

2. List specific goals for knowledge of each subject/area of specialization:

3. List any other specific goals (areas #2-7):

4. Explain how your plan will improve student learning.

\_\_\_\_\_  
Staff Member  
Date: \_\_\_\_\_

\_\_\_\_\_  
Administrator/Designee  
Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools  
Date: \_\_\_\_\_