 **Trenton Public Schools**

 **Professional Development Plan**

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| Name:  | Year: |
| Grade/Subject: | Building: |
| Administrator: |   |

1. **Please state *two (2)* professional learning goals for the year and mark an X next to the appropriate Professional Learning Standard(s).**

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| **Goals**  | **Standards** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 1) |  |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |  |

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| **Professional Learning Standards** |
| 1 | Learning Communities | Occurs within learning communities committed to continuous improvement, collective responsibility, and goal alignment. |
| 2 | Leadership | Requires skillful teachers who develop capacity, advocate, and create support systems for professional learning. |
| 3 | Resources | Requires prioritizing, monitoring, and coordinating resources for educator learning. |
| 4 | Data | Uses a variety of sources and types of student, educator and system data to plan, assess and evaluate professional learning. |
| 5 | Learning Designs | Integrates theories, research and models of human learning to achieve its intended outcomes. |
| 6 | Implementation | Applies research on change and sustains support for implementation of professional learning for long-term change. |
| 7 | Outcomes | Aligns its outcomes with educator performance and student curriculum standards. |

1. **Briefly describe the rationale for these goals. How will you benefit? What skills or knowledge will you acquire that will help your students achieve success?**
2. **List the activities (workshop, book study, graduate class, committee work, grade level meetings, etc….) that will help you achieve your professional learning goals.**

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| --- | --- | --- | --- | --- |
| **Goal #** | **Activities** | **Follow-up Activities** | **Estimated Hours** | **Completion Date** |
| 1) |  |  |  |  |
| 2)  |  |  |  |  |

1. **Summarize the support the district and administrators may provide to enable implementation of this plan.**

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| **District/School Administrator Support Activities** |
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1. **Summarize any conditions that impact the attainment of these goals.**

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| **Limiting Conditions** |
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***My signature below indicates that I have received a copy of this Professional Development Plan, which has been mutually agreed upon.***

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Summative Review of PDP Progress (required)**

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| --- | --- | --- | --- |
| **Goal #** | **Expectations Met** **(Yes or No)** | **Sources of Evidence** | **Summative Review Date** |
| 1) |  |  |  |
| 2) |  |  |  |

***My signature below indicates that I have reviewed the information recorded in the Summative Review of PDP Progress and that I understand its content.***

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Professional Development Plans are due by May 30. Each teacher must develop an individualized PDP in consultation with his/her supervisor. For teachers new to the district, the PDP must be created within the first 30 days of their assignment.*