



"We help children learn."

Massachusetts Department of

Education

Sample Individual Professional Development Plan for Massachusetts Educators

Doe		Jane		2009
Name: Last 114 Main St		First East Brookfield	Middle MA	Renewal Year 01515
Home Address Teacher		City 123456	State	Zip Code
Primary Area		Certificate Number		
Tantasqua /Union 61 District	Brookfield Elementary School	4 Grade Level(s)	ALL Subject(s)	

Professional Development Points Required for Renewal of **Primary Area** 120_ or **150**

Total number of PDPs required in content **120**

My professional growth goals (please number):

1. To become a more proficient math teacher.
2. To learn effective strategies for assisting students in providing high-quality response to open-response questions.
3. To learn more effective strategies to differentiate instruction in my classroom to enhance student achievement
4. To learn more about the effective integration of technology into my classroom.
5. To serve as effective member of my school's re-accreditation team.

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

1. By 9/1/07 there will be an increase of 10% in the number of students performing at the "practitioner" level of the math exemplar assessment. (Brookfield SIP)
2. By 9/1/07 there will be an increase of 10% in the number of student moving from Warning and Needs Improvement categories to the Proficient and Advanced categories on the grade 4 Long Composition. (Brookfield SIP)
3. To increase student achievement (District Improvement Plan)
4. To increase the appropriate use of technology into classroom use. (DIP)
5. To conduct site analysis and related preparations for anticipated reviews by external agencies such as DOE, NAEYC and NEASC. To create action plans as response to reports and recommendations.

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
Graduate-level course or in-district professional development offering in mathematics instruction	1	67.5 or 15			
Responding to open-response questions – either graduate level course or in-district PD offering	2	67.5 or 15			
Successfully implement new Everyday Mathematics program in FY 09	1	30			
Serve as a member of my school's accreditation team FY 09	5		30		
Participate in school-sponsored technology workshops	4	10			

*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.

Maryellen Brunelle

285416

Educator's Name

Certificate Number

Initial Review and Approval

Date September 2, 2004

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.

Kathleen Hosterman
Supervisor's Name (print)

Principal
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