

**AUBURN PUBLIC SCHOOLS**

**School Individual Professional Development Plan**

*All professional personnel with DESE certification are required to complete and maintain an IPDP.*

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Name: Last                                      First                                      Middle                                      Renewal Year

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Home Address                                      City                                      State                                      Zip Code

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Primary Area                                      Certificate Number

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District                                      School                                      Grade Level(s)                                      Subject(s)

Professional Development Points Required for Renewal of **Primary Area**                      150

Total number of PDPs required in content                        
(See next page for Recertification Requirements.)

Note: all professional personnel must fill out this IPDP whether or not they are certifying or recertifying.

**District Goals: 2016-2017**

1. To increase student achievement.
2. To collaborate with colleagues in analyzing data, refining instructional practices and implementing appropriate interventions.
3. To increase the effective integration of technology into the instructional program.
4. To implement instructional strategies that are designed to meet the needs of diverse learners.
5. To evaluate all curricula to ensure alignment with Common Core State Standards and best practices.
6. To undertake activities that support the attainment of the overarching goals of the Strategic Plan (Teaching & Learning; Technology; Community Partnerships; Health, Wellness & Safety; and Transitions).

**School Level Goals:**

To focus on improving student achievement by:

- 1.
- 2.
- 3.

**My professional growth goals:**

- 1.
- 2.
- 3.

My professional growth goals are consistent with the following district and/or school goals (use numbers from above to specify): \_\_\_\_\_

## 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	Date Completed

\*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](http://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