



"We help children learn."

Massachusetts Department of

Education

### Sample Individual Professional Development Plan for Massachusetts Educators Doe

Doe Jane 2009

Name: Last	First	Middle	State	Renewal Year
114 Main St	East Brookfield	MA	01515	

Home Address	City	State	Zip Code
Teacher	123456		

Primary Area	Certificate Number
Tantasqua /Union 61 District	Brookfield Elementary School
	4
	ALL
	Grade Level(s)
	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 <b>OPTIONAL</b>	Date Completed
Graduate-level course or in-district professional development offering in mathematics instruction  <b>Summer 05 Took "Understanding K-8 Mathematics" at Worc. State</b>	1  <b>1</b>	67.5 or 15  <b>67.5</b>			<b>August 2005</b>
Responding to open-response questions – either graduate level course or in-district PD offering  <b>Fall 05 took district-sponsored institute "High-Quality Responses to Open-Ended Questions"</b>	2  <b>2</b>	67.5 or 15  <b>15</b>			<b>Fall 2005</b>
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](http://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** June 8, 2006

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.

**XX** \_\_\_\_\_ The Plan was reviewed and amended.

Kathleen Hosterman  
Supervisor's Name (print)

Principal  
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