

## APPENDIX A: Professional Development Materials

**Individual Professional Development Plan for Massachusetts Educators****Name:** \_\_\_\_\_ **Renewal Year:** \_\_\_\_\_

Last

First

Middle

**Address:** \_\_\_\_\_

Home Street

City

State

Zip Code

**Primary Area:** \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_**Carver Public Schools** \_\_\_\_\_

District

School

Grade Level

Subject(s)

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

Total Number of PDPs required in content: \_\_\_\_\_

My professional growth goals (*please number*):

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

## Individual Professional Development Plan for Massachusetts Educators

### 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

\*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 pedagogy or professional skills	Date Completed

Use additional copies of this form if necessary. This document and other Dept. of Elementary & Secondary Education documents and publications are available at: [www.doe.mass.edu/recert](http://www.doe.mass.edu/recert)

Educator's Name

Certificate Number

Initial Review & 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