

PROFESSIONAL EDUCATION PERSONNEL EVALUATION PROGRAM

PROFESSIONAL DEVELOPMENT PLAN

TEACHER: _____ POSITION: _____ EVALUATOR: _____ DATE: _____

DIRECTIONS: This plan should be developed from the teacher's evaluation results and should also address student achievement goals. Since this form has space for only two areas identified for improvement, you will need to make copies of this form for additional areas identified. Personal/Professional goals may be included but after addressing needs relating to the competencies/indicators and student achievement. List areas identified for the focus of a Professional Development Plan for the next school year/cycle.

AREA NUMBERS	PROFESSIONAL DEVELOPMENT RELATED GOALS/OBJECTIVES	PROPOSED ACTIVITIES	TIME LINE	ASSESSMENT METHODS(S)	PROGRESS CHECK DATES			
					1	2	3	
	n							
<u>END OF CYCLE ASSESSMENT AND BENEFITS</u>					<small>Check the item(s) which the activity(ies) address(es)</small>			
					PROFESSIONAL DEVELOPMENT AND LEADERSHIP COMPETENCY	7.1	Improves Prof. Knowledge	
						<input type="checkbox"/>	Participates in prof. org.	
						<input type="checkbox"/>	Participates in/attends prof. dev. program/conf.	
						<input type="checkbox"/>	Participates in prof. dev. to improve job performance	
						<input type="checkbox"/>	Takes formal coursework	
						<input type="checkbox"/>	Uses ideas to improve tch.	
						7.2	Takes Leadership Role	
						<input type="checkbox"/>	Leadership in identifying resolving issues	
						<input type="checkbox"/>	Ldrship in est. schl. goals	
						<input type="checkbox"/>	Initiates activities/projects	
<input type="checkbox"/>	Conducts workshops/train							
<input type="checkbox"/>	Shares ideas, materials, etc.							
<input type="checkbox"/>	Part. in shared decision mking							
					7.1/7.2 SCORE			
					<small>Circle the score for the area(s) checked above</small>			
					<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<u>Evaluator Comments</u>				<u>Score Rationale</u>				

AREA NUMBERS	PROFESSIONAL DEVELOPMENT RELATED GOALS/OBJECTIVES	PROPOSED ACTIVITIES	TIME LINE	ASSESSMENT METHODS(S)	PROGRESS CHECK DATES		
					1	2	3
Competency Area: Indicator(s):							
Or check if:							
<input checked="" type="checkbox"/> Student Achievement/ Development							
<input type="checkbox"/> Personal/ Professional							

END OF CYCLE ASSESSMENT AND BENEFITS

Check the item(s) which the activity(ies) address(es)

PROFESSIONAL DEVELOPMENT AND LEADERSHIP COMPETENCY	7.1	Improves Prof. Knowledge
	<input type="checkbox"/>	Participates in prof. org.
	<input type="checkbox"/>	Participates in/attends prof. dev. program/conf.
	<input type="checkbox"/>	Participates in prof. dev. to improve job performance
	<input type="checkbox"/>	Takes formal coursework
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	7.2	Takes Leadership Role
	<input type="checkbox"/>	Leadership in identifying resolving issues
	<input type="checkbox"/>	Ldrship in est. schl. goals
	<input type="checkbox"/>	Initiates activities/projects
	<input type="checkbox"/>	Conducts workshops/train
	<input type="checkbox"/>	Shares ideas, materials, etc.
<input type="checkbox"/>	Part. in shared decision mkng	
7.1/7.2 SCORE		
<i>Circle the score for the area(s) checked above</i>		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Evaluator Comments

Score Rationale

We agree upon the Goals/Objectives, Activities, Timelines, and Assessment Method(s) listed:

Teacher: _____

Date: _____

Evaluator: _____

Date: _____

Signatures indicate we have discussed
the Assessment and Benefits described:

Teacher:

Date:

Evaluator:

Date:
