

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

NAME _____ LICENSE # _____ EXPIRATION DATE _____

FIELD & LEVEL _____ PRIMARY LICENSE ADDITIONAL LICENSE

An IPDP must be in place for each of the five years of validity for each Professional license issued to an educator. (603 CMR 44.04(1)) The district must provide each educator with a copy of the district goals and school goals. The educator, not the supervisor, selects the goals s/he will address in the IPDP. (603 CMR 44.05)

The school and/or district improvement plan goals that my IPDP addresses (include at least one):

A) _____

B) _____

Individual Professional Learning Goals and Activities

At least one goal is required. The MTA recommends that educators consider each area of PDPs required to renew a license when developing goals and activities as part of the IPDP. Proposed activities should be designed to improve student learning and professional practice.

Proposed Goal and Activities:

Content _____

Pedagogy _____

ESL/SEI _____

SPED _____

Goal and Activities Sample

ELL/SEI: Enhance instruction in teaching academic language by developing a curriculum unit to include academic language for ELLs.

Pedagogy: Increase skills in writing instruction by participating in professional learning related to writing across the curriculum.

Elective: Increase proficiency in using spreadsheets in my lessons through participation in workshops and online learning using Excel.

IPDP REVIEW AND APPROVAL

Educators who are currently employed in a district are required to obtain signatures for approval and final endorsement of their IPDP within six months of issuance of their license. Educators who are not employed in the role of the license do not need to obtain signatures. (603 CMR 44.05)

Initial Review and Approval by Supervisor

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.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

Final Endorsement

The signature below indicates that the supervisor has reviewed this educator's professional development activities and that the reported activities are consistent with the approved professional development plan. The educator remains responsible for the final accounting and documentation of all activities for licensure renewal.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____