# Professional Development Plan

**Name Date**

**Teaching Assignment School**

**Step One - Focus Domain: (Please Circle One)**

Domain One: Planning and Preparation

Domain Two: Classroom Environment

Domain Three: Instruction

Domain Four: Professional Responsibilities

**Domain Five (a – f): Special Education Department**

Demonstrating Effective Case Management Skills

Due Process

Testing/Assessment

Supervision of Educational Instructional Assistants

Consultation

Knowledge and Skill Specific to Qualifying Disabilities

**Domain Six (a-e): Nursing Department**

Planning and Preparation

The Environment

Delivery of Service

Professional Responsibilities

Focus Component (Select One):

Target Level of Performance:

**Step Two - Summarize Current Level of Performance:** (This is your baseline/starting point in your focus component; you will not be evaluated on this. This is a basic overview of where you are and where you want to go.)

**Step Three -** Complete Column One and Column Two prior to presenting the plan to the administrator for suggestions, support and approval. Once approved, throughout the year document in Column Three the evidence of plan implementation and demonstration of completion. Submit evidence/artifacts to the administrator when completed.

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| --- | --- | --- |
| **Column One** | **Column Two** | **Column Three** |
| **Targets:** Select target level(s) of performance from the focus component. | **Step(s):** Outline the steps necessary to achieve the target level(s) of performance including timeline. | **Evidence**: Document and attach hard copies to validate completion. |
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**Administrator Summative Comments as to Completion of Goal:**

A discussion based on the Professional Development Plan took place. This form completes the Professional Development Plan. The teacher’s signature represents that he/she received a copy and does not represent agreement.

**Check appropriate box:**

Goal met Goal Unmet

Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_