



Amesbury Public Schools

Individual Professional Development Plan

Name: _____ Date: _____

School: _____ Grade(s): _____ Subjects: _____

Certificate Number: _____
Type: [] Professional [] Initial* [] Preliminary*

** To be completed by teachers with preliminary or initial certificates:*

Completed Practicum: at _____ From: _____ To: _____

Completed induction program: during the _____ school year

Must have preliminary license in order to access these options

Options leading to initial certification (choose one):

_____ Bachelors with Approved Teachers Prep Program

_____ Non-Teaching Bachelors plus - Approved Teacher Prep Program (with or without Master's) Expected graduation date: _____

_____ DESE-sponsored Performance Assessment Program (PRPII)

Must have initial license in order to access these options

Options leading to professional certification (choose one):

_____ DESE-sponsored Performance Assessment Program

_____ Participating in Master's level program. Expected graduation date: _____

_____ Have M.A. Continuing w/ approved non-degree program of 12 credit hours

_____ Involved in program leading to master teacher status (ex. NBPTS)

Must have Professional License for Renewal of Primary License

Primary Area: _____

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

Secondary Area(s): _____

Professional Development Points Required for Renewal of **Secondary Area(s)** 30 PDPs (each)

Total PDPs Needed for Recertification _____

My professional development goals: (please number)

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

Record of Approved Professional Development Activities for Primary Area:

Professional Development Activity:	Professional Goal Number	Content PDPs	Pedagogy PDPs	Elective PDPs	Date Completed

Record of Approved Professional Development Activities for Additional Area(s):

Professional Development Activity:	Professional Goal Number	Content PDPs	Pedagogy PDPs	Elective PDPs	Date Completed

Educator's Name: _____

Certificate Number: _____

Initial Review and 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 that the supervisor has reviewed the 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