

CHICOPEE PUBLIC SCHOOLS
Individual Professional Development Plan

Name _____ Date _____

Content/Grade Level(s) _____

School(s) _____

Type of Bachelor's Degree _____ College _____

Type of Master's Degree _____ College _____

License Number _____ Primary License _____

If Applicable: MTEL Test Results _____ Date(s) Taken _____ Score(s) _____

Comprehension/Literacy _____

Foundations of Reading _____

Subject Area _____

STEPS TO FOLLOW IN CREATING AN INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

1. Review licensure and determine number of content PDP's required.
2. Review district goals and select district goals to be addressed.
3. Review school goals and select those appropriate to your needs.
4. Review district PD opportunities, both contractually required and other offerings.
5. Select appropriate district professional development activities
6. Select any other professional development activities which may or may not be subsidized by the district.

<i>DISTRICT GOALS 2007-2010</i>	<i>SCHOOL IMPROVEMENT PLAN/GOALS</i>	<i>PERSONAL GROWTH GOALS</i>
<i>I. All students will be proficient or Advanced in ELA and Math by 2013-2014. The District will progress from a CPI of 74.9 in ELA and 60.1 in Math to a CPI of 100 in both areas.</i>		
<i>II. A. All district staff will be highly qualified as defined by the NCLB Act of 2001 B. Professional Development is implemented to increase student achievement.</i>		
<i>III. Continuously improve district-wide effectiveness and efficiency in personnel, administrative, fiscal, and student services process.</i>		
<i>IV: All students graduate from high school.</i>		
<i>V: Provide safe, clean, orderly, learner-centered environments.</i>		

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Approved Professional Development Activities for Primary Area

Professional Development Activity	Professional Growth Goal(s) (Letter/Number of Goals)	Content PDP's	Other PDP's	Date
To renew a Primary License you must accrue 150 PDP's		Total	Total	

Professional Development Activities for Additional Licensure

Professional Development Activity	Professional Growth Goal(s) (Letter/Number of Goals)	Content PDP's	Other PDP's	Date
		Total	Total	

Reviews and Approval – Signatures indicate that the Educator’s IPDP is consistent with the goals of the school and/or district.

Initial Review and Approval Date _____

Supervisor's Name (print) _____ Title _____ Signature

First Review Date _____

Supervisor's Name (print) _____ Title _____ Signature

Second Review Date _____

Supervisor's Name (print) _____ Title _____ Signature

Final Endorsement Date _____

Supervisor's Name (print) _____ Title _____ Signature