**Individual Professional Development Plan (IPDP)**

**Annual Plan**

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal (Evaluator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date plan was developed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last performance review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature Date of Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature Date of Approval

X Two year plan \_\_\_1 year plan

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| Rationale for the Plan |
| Goal Statements for Professional Growth:  (Needs to come from the individual teacher)  Goal 1:  Goal 2:  Goal 3: |
| Data used to establish need for the goal(s):  (From Building Data that Supports Priorities in PD Plan)  Goal 1:  Goal 2:  Goal 3: |
| Alignment of goal(s) with Building/District student learning goals:  (From Building Professional Development 2014-2015) |

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| Process |
| Professional development training and learning opportunities needed to accomplish established goals: (From Goal Statements for Professional Growth) |
| Other resources teacher may access to accomplish goal(s): |
| Documentation of progress (data sources and points): |
| Description of updates, major efforts, additional goals, modifications of current goals, etc.:    *(This section is recorded throughout the year by the teacher and shared with the principal.)* |
| Student Data:  Grade 6-12 teachers will attach formative assessment data that shows student progress, using 1) grades students earn each quarter in his/her own courses taught and 2) grades that homeroom students earn in courses. |
| Parent Communication:  All teachers will attach the logs showing documentation of parent communication (phone calls, email) for students. |

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| Year | Describe Status of Goal | Signatures\* |
| 2015-2016:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2015-2016:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2015-2016:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2016-2017:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2016-2017:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2016-2017:  Review Date: |  | Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*Signature indicates the evaluator and teacher have discussed the progress on the Individual Professional Development Plan goals.*