

**INDIVIDUAL
PROFESSIONAL DEVELOPMENT PLAN**

Professional improvement includes remediation of deficiencies, administrative assistance to improve performance and individual professional development experiences. Goals and activities may be modified throughout the calendar year upon the approval of the principal/designee to meet the emerging needs of the staff member.

Name: _____ **District:** Atlantic County Special Services School District

School: _____ **Timelines:** _____

1. My professional development goals include:

Goal I:

Goal II:

Goal III (optional):

2. Indicate how the above goals relate to the New Jersey Professional Standards for Teachers (N.J.A.C. 6A:9-3.3). The Professional Development Plan is focusing on the following standards.

Revised: 5/5/10
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3. Suggested activities to accomplish my goals are: (Participation in professional development activities that are a part of the approved district professional development plan and are relevant to the teacher's goals are considered to be included in the PDP and must be documented on the Record of Professional Development Hours.)

Goal I: Activities:

Goal II: Activities:

Goal III: Activities:

4. Signatures:

Staff Person's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

(Supervisor's signature does not obligate district financially).

District payment for any professional development programs is subject to board policy, appropriations, and the expressed approval of the Superintendent.

**TRACKING FORM
RECORD OF PROFESSIONAL DEVELOPMENT HOURS
STAFF LOG**

Name: _____ District: _____

Yearly Record: (Attach relevant documentation where applicable)

ACTIVITIES	DATES	# HOURS	DOCUMENTATION

Total number of hours completed _____ From _____ To _____

Staff Person's Signature _____ Date _____

Supervisor's Signature _____ Date _____

(Supervisor's signature acknowledges receipt of this yearly record)

Staff person is responsible for maintaining this record to verify clock hours. A copy of this form shall be kept in the staff member's personnel file. Participation in district professional development activities which are part of the approved district professional development plan must be recorded on this form.

Revised: 5/4/09

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ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT

IPDP CERTIFICATION FORM

Name of Staff Member: _____

School: _____

Date: _____

Professional Development Plan (School Year): _____ 2009-2010 _____

I certify that I have met all the requirements for myself in the Individual Professional Development Plan for the current school year **2009-2010**.

(Staff Member's Signature)

(Date)

(Principal's Signature)

(Date)

District Professional Development Goals

Our district's professional development goals are an outgrowth of our vision as well as our needs assessment. We seek to sustain the high level of expertise that our staff has already accomplished and to continue to strive toward excellence. Our goals are to:

1. Expand staff participation in and satisfaction with professional learning communities by having 80% of the educational staff participate by June 30, 2011.
2. Enhance student skills in CCCS as reflected by report card grading, in the areas of Language Arts, Math, Science, and Technology by having 80% of the students achieve a passing grade in those areas by June 30, 2011.
3. Enhance school culture, and subsequently student achievement by focusing on social-emotional programs. Progress will be measured by a 25% improvement in learning with pre- and post-tests by June 30, 2011.
4. Expand communication between the school, community and parents/guardians by developing the skills necessary to better utilize the district website, individual teacher websites, and blogs. Progress will be measured by an increase in the total number of website hits by June 30, 2011.