**Individual Professional Development Plan (IPDP)**

**Annual Plan**

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

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

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

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

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 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.*