



"We help children learn."

Massachusetts Department of

Education

**Individual Professional Development Plan
Stoughton Public Schools**

Name: Last First Middle Renewal Year

Home Address City State Zip Code

Primary Area Certificate Number

District School Grade Level(s) Subject(s)

Professional Development Points Required for Renewal of **Primary Area** 150 PDPs (no longer 120)

Total number of PDPs required in content

My professional growth 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 Growth Goal (Goal Number)	Content PDPs	Other PDPs (pedagogy or professional skills)	*Date Approved & Supervisor's Initials OPTI ONAL	Date Completed

*The Supervisor's initials indicate that the professional development activity 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.

Record of Additional Professional Development Activities for Elective PDPs

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs	Date Completed

Use additional copies of this form if necessary.

This document and other Department of Education documents and publications are available on our website at www.doe.mass.edu/recert.

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 the supervisor has reviewed this 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