

**Ashburnham-Westminster Regional School District
Individual Professional Development Plan**

Name: _____

Date: _____

Address: _____

Certification Area: _____

Professional Development Points Required for Renewal of Primary Certification	150
Total number of PDPs required in Content/Pedagogy with no less than 60 PDPs in content and/or content-based pedagogy.	90
Total number of PDPs required in English as a Second Language/ Sheltered English Immersion	15
Total number of PDPs required in Instructing students with disabilities/diverse learning styles	15
Total number of PDPs Educational-related issues/topics (Electives)	30

District Goals:

- DG1. District instructional resources are continuously updated and are addressing social media safety and the ethical use of technology.
- DG2. School-based and district-based data teams support the use of data to inform instruction and improve student learning.
- DG3. The district develops and articulates consistent tiered systems of academic, social/emotional and behavioral support that are transparent and available to all stakeholders.
- DG4. STEAM initiatives are integrated into the current curriculum, which is aligned vertically and horizontally to the MA Curriculum Frameworks.
- DG5. Technology infrastructure, software and equipment is up to date with current technology standards.
- DG6. The district adds content to the existing health and wellness curriculum both inside and outside of school to meet the social/emotional and physical needs of all Ashburnham-Westminster students.)
- DG7. The district develops and implements targeted components of a comprehensive plan that provides a safe, supportive and nurturing setting for all learners.
- DG8. The district aligns mental health services and wellness strategies to provide a consistent vision and equity of services in the best interest of student learning.
- DG9. All staff engage in professional development that aligns to district and school goals and which increase the capacity of teachers to deliver high quality instruction that challenges and engages all learners.
- DG10. Digital Learning Coaches provide embedded technology professional development opportunities for staff.

School Improvement Goals

- 1. _____
- 2. _____

Individual Professional Growth Goals – linked to district and school goals

- 1. _____
- 2. _____

Signature below indicates the supervisor has reviewed this educator’s Individual Professional Development Goals. These goals are consistent with the educational improvement goals of the Ashburnham-Westminster Regional School District.

Supervisor’s Signature

Position

Date

Record of Additional Professional Development Activities for English as a Second Language/ Sheltered English Immersion

Professional Development Activity	Professional Growth Goal (Goal Number)	PDPs	*Date Approved & Supervisor's Initials OPTIONAL	Date Completed

Use additional copies of this form if necessary

Record of Additional Professional Development Activities for Instructing students with disabilities/diverse learning styles

Professional Development Activity	Professional Growth Goal (Goal Number)	PDPs	*Date Approved & Supervisor's Initials OPTIONAL	Date Completed

Use additional copies of this form if necessary

Record of Additional Professional Development Activities for Educational-related issues/topics(Electives)

Professional Development Activity	Professional Growth Goal (Goal Number)	PDPs	*Date Approved & Supervisor's Initials OPTIONAL	Date Completed

Use additional copies of this form if necessary

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)

Signature

Supervisor's 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)

Signature

Supervisor's 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)

Signature

Supervisor's 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)

Signature

Supervisor's Signature