



"We help children learn."

Massachusetts Department of

Education

Individual Professional Development Plan
Wayland, Massachusetts Educators

Name: Last First Middle Renewal Year

Home Address City State Zip Code

Primary Area Certificate Numer

District School Grade Level(s) Subject(s)

Professional Development Points Required for Renewal of **Primary Area:** 150

Total number of PDPs required in content:

My professional growth goals (please number):

My professional growth goals are consistent with the following district goals.

Wayland Public Schools District will provide opportunities for the staff to:

- 1. Provide opportunities for staff to increase content area knowledge related to the curriculum for which they are responsible;**
- 2. Provide opportunities for staff to acquire strategies for instruction and assessment that are designed to improve student achievement.**
- 3. Provide opportunities for ongoing training related to the management and operations of a school system.**

My School's Goals are:

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_____
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