



Union County Educational Services Commission Professional Development Plan (PDP) 2017 - 2018

District Name	School Name	Date
Union County Educational Services Commission		
Teacher Name	Assignment/Department/Grade Level	Rating & Date of Most Recent Summative Evaluation
Supervisor Name	Principal Name (if different)	Plan Begin/End Dates

I. Areas Identified for Development of Professional Practice

No.	Areas Identified for Development	Rationale/Sources of Evidence
1		
2		
3		

II. Professional Learning Goals and Activities

Area No.	Professional Learning Goals	Initial Activities	Follow-up Activities (as appropriate)	Estimated Hours	Completion Date
1					
2					
3					

III. District and School PDP Support

District/School Administrator Support Activities

Staff Member's Signature: _____ Title: _____ Date: _____

My signature indicates that I have received a copy of this Professional Development Plan and I understand and contributed to its contents.

Supervisor Signature: _____ Title: _____ Date: _____

IV. PDP Progress Summary

Interim Review of PDP Progress

Area No.	Demonstrated Progress	Sources of Evidence	PDP Revisions (if applicable)	Review Date
1				
2				
3				

Staff Member's Signature: _____ Title: _____ Date: _____

My signature indicates that I have reviewed the information recorded in the Interim Review of PDP Progress and that I understand its contents.

Supervisor's Signature: _____ Title: _____ Date: _____

Summative Review of PDP Progress

Area No.	Professional Learning Goals	Expectations Met (Y) or Not Met (N)	Sources of Evidence	Summative Review Date
1				
2				
3				

Staff Member's Signature: _____ Title: _____ Date: _____

My signature indicates that I have reviewed the information recorded in the Summative Review of PDP Progress and that I understand its contents.

Supervisor's Signature: _____ Title: _____ Date: _____