

APPENDIX A

**DISTRICT INDIVIDUAL
PROFESSIONAL DEVELOPMENT PLAN (Fall)**

Name _____

School _____

Licensure Options:

_____ Initial Educator (PI34)

_____ Professional Educator (6 credits)

_____ Professional Educator (PI34)

_____ Lifetime License

_____ Master Educator (PI34/NBPTS)

A.

Professional Development Objectives	Relationship to Wisconsin Teacher Standards, building goals, District initiatives

B. List professional development activities

C. List desired student outcomes

Teacher	_____	Date	_____
Facilitator	_____		_____
Administrator	_____		_____

Teacher Reflection (Spring)

Consider your achievements and efforts in relation to your Professional Development Plan for this year.

What did I do? (List activities or attach evidence to support your objectives.)

How have these professional development activities impacted your teaching and/or student learning?

Signature of Teacher

Date

Signature of Colleague, Professional Development
Facilitator, or Administrator

Date

Additional thoughts and reflections after sharing with a colleague:

Please return to your staff development facilitator by May 30.