



MIAMI-DADE COUNTY PUBLIC SCHOOLS Individual Professional Development Plan (IPDP)

PROFESSIONAL: _____ EMPLOYEE NUMBER: _____ SCHOOL: _____

IPDP IMPLEMENTATION PERIOD: _____

Student Performance Data	Individual Learning Goal	Professional Development Activities	Performance Outcome
<p>Please check appropriate box.</p> <p><input type="checkbox"/> Classroom teacher <u>with assigned students</u>. The data used as a basis for the IPDP must be related to your current students.</p> <p><input type="checkbox"/> Instructional professional <u>without assigned students</u>. The IPDP must align with the School Improvement Plan, region or district data, or school/ program initiatives as per your job assignment.</p> <p><input type="checkbox"/> School-based <input type="checkbox"/> Region <input type="checkbox"/> District <input type="checkbox"/> Other: _____</p> <hr/> <p>Basis for my IPDP: (Check all that apply.)</p> <p><input type="checkbox"/> Student Achievement Data (Specify)</p> <p><input type="checkbox"/> School Improvement Plan (SIP) Objective, region or district data, or school/program initiatives as per your job assignment (Specify)</p> <p><input type="checkbox"/> IPEGS Summative Performance Evaluation (SPE) from previous year (Specify)</p>	<p><i>What do you expect to learn from participation in professional development activities this school year that will impact student performance? (Your learning goal)</i></p> <p><i>What specific measurable improvements are expected in student achievement as a result of your professional learning this year?</i></p> <p>Fill in:</p> <p>Targeted student group: _____</p> <hr/> <p>Expected _____% or _____ points improvement on _____</p> <p>_____ (data source: _____ test name, subject, and date; e.g., Spring 2013 Mathematics Interim Assessment) by May 3, 2013.)</p>	<p>Specify the professional development activity(ies) to support your learning goal.</p> <p>Focus of Professional Development (Check all that apply.)</p> <p><input type="checkbox"/> Common Core Standards/Next Generation Sunshine State Standards/Subject Area Content</p> <p><input type="checkbox"/> Teaching Methodology</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Assessment and Data Analysis</p> <p><input type="checkbox"/> Classroom Management</p> <p><input type="checkbox"/> Parental Involvement</p> <p><input type="checkbox"/> School Safety</p> <p><input type="checkbox"/> IPEGS Standards: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___</p>	<p>(To be completed at end of the school year)</p> <p><i>What changes in your professional practice occurred as a result of your participation in professional development activities this school year? What was the impact of these changes on your students' achievement? (Be very specific.)</i></p>

PLANNING MEETING: Teacher's Signature _____ Date _____ Principal's Signature _____ Date _____
 REVISED/UPDATED: Teacher's Signature _____ Date _____ Principal's Signature _____ Date _____
 EVALUATION MEETING: Teacher's Signature _____ Date _____ Principal's Signature _____ Date _____

A professional development plan for each instructional employee has been mandated by F.S. 1012.98.
 A copy is to be retained by the principal in the professional's personnel file. This plan may be revised any time as needed.