



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
Professional Development Plan (PDP)**

TEACHER NAME _____ EMPLOYEE NUMBER _____ SCHOOL _____

PDP IMPLEMENTATION PERIOD _____

Identification of Need Area(s) Specify the student performance data used to form the basis for the PDP. Data must be related to the students to whom the teacher is assigned. <i>(Check all that apply.)</i>	Training Objective(s) Specify the training objectives expected to impact student performance that are linked to the identified student needs.	Professional Development Activities Specify the professional development activity(ies) and dates to support each objective(s).	Evaluation Specify the effectiveness of the PDP by answering the following: <i>What was mastered and implemented by the teacher?</i>
<input type="checkbox"/> School Improvement Plan <input type="checkbox"/> Annual School Report <input type="checkbox"/> Student Achievement Data <i>(e.g., student assessment results, reading inventory scores, FCAT scores, pre/post tests, nine week grades, etc.)</i> <input type="checkbox"/> Other Rationale: _____	<p align="center"><i>What specific measurable improvements are expected in student performance as a result of the training activity?</i></p>	<p>To which of the following is the professional development activity related? (Check all that apply.)</p> <input type="checkbox"/> Sunshine State Standards, subject content, teaching methods <input type="checkbox"/> Technology <input type="checkbox"/> Assessment and Data Analysis <input type="checkbox"/> Classroom Management <input type="checkbox"/> School Safety <input type="checkbox"/> Family Involvement <p><u>Follow-up:</u> Evidence of application of knowledge/skills gained <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>What was the impact of the implementation of the PDP on the students?</i></p> <p><i>Were the plan objectives met?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why not and what are follow up plans?)</p>

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

A professional development plan for each instructional employee has been mandated by the State of Florida. The PDP is used to fulfill the requirements of PACES, Domain VII C. A copy is to be retained by the principal in the teacher's personnel file. This plan may be revised any time as needed.