

**Glades District Schools**  
**Instructional Personnel Professional Development Plan**  
**School Year \_\_\_\_\_**

Name \_\_\_\_\_ Administrator \_\_\_\_\_

Assignment \_\_\_\_\_ School/Site \_\_\_\_\_

Initiated \_\_\_\_\_

Teacher Signature      Date

Administrator Signature      Date

<b>Needs Assessment</b> <i>(What process(es) did I use to analyze my students' needs?)</i>	<b>Goal/Measurable Student Outcome</b> <i>(What do I hope to accomplish?)</i>
<b>Student Needs</b> <i>(What student needs do I need to address to accomplish my goal?)</i>	<b>Tied to School Improvement Goal(s)</b> <i>(State SIP goal for each objective)</i>
<b>Professional Development Activity</b> <i>(What training do I need for meeting each of the above identified needs?)</i>	<b>Expected Impact on Student Performance/Outcomes/Gains</b> <i>(What evidence will there be to indicate that my students' performance has changed as a result of my professional development objective(s)?)</i>

Comments:

\_\_\_\_\_

\_\_\_\_\_

**IPPDP Midyear Review Date & Initials:** \_\_\_\_\_

**End of Year: Student Performance Outcomes Accomplished?**      YES      NO  
 (Circle One)

If **NO**, explain and state action plan.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Signature

Date

Administrator Signature

Date