

For Year _____

Amherst LPDC
Individual Professional Development Plan

Name _____ Date _____

Position _____

Buildings _____

1. Please indicate on the lines below no less than 3 and no more than 5 professional growth goals which you will work on this school year. Please use the new Teacher Standards from the LPDC Guide.

1) _____

2) _____

3) _____

4) _____

5) _____

2. Based on the goals selected above, how will your Professional Development impact the individuals you serve?

Special Note: If your professional development needs change during the school year, please resubmit this form with new goals indicated.

Office Use ONLY

____ Approved by LPDC _____ Date _____

____ Approval pending (see evaluation rubric)

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