



INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (PDP) & PROGRESS RECORD

Name:

Department (HS only):

School:

Date of Plan Development meeting(s):

Plan Evaluators:

Date of Summative containing a Needs Improvement Rating:

Purpose

- This Professional Development Plan (PDP) is being developed as the result of a tenured teacher receiving a summative evaluation rating of Needs Improvement.
- Based on Section 24A-5(h) of the School Code, the district, in consultation with the teacher, must develop a Professional Development Plan, directed to the areas that need improvement.
- The plan must be developed within 30 school days after the assignment of the Needs Improvement rating and may cross school years.
- A Professional Development Plan, including timelines for observations and progress meetings, will be developed.
- The teacher will remain on cycle for the subsequent year.
- A final rating will not be assigned to the Professional Development Plan.

Timeline

Please identify the observation and progress review timeline. There is recognition that while the teacher and evaluators are expected to adhere to the timelines, there may be circumstances that will require adjustments.

Start Date of Plan (PDP)	Frequency of Formal Observations	Frequency of Informal Observations	Length of Plan (Identify number of school days)

Areas for Improvement

Areas for Improvement (Include specific areas of need)	Goal Statements and Targeted Activities to Support Teacher Growth (Include means for measuring growth)	Timeline for observations/feedback Include frequency (weekly, bi-weekly)	Support and Resources to be Provided	Feedback Record (Include record of dates of informal, formal observations and conferences. Attach observation records and other assessment tool data or evidence to reflect performance under the PDP)
Domain: Component:	The teacher will:			

Improvement focus:				
Domain: Component: Improvement focus:	The teacher will:			
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Initial Review of Plan

Signature of Administrator: _____ Date _____

Signature of Department Chair (HS only): _____ Date _____

Signature of Staff Member: _____ Date _____

*Signatures reflect participation in the development and approval of the plan.

Final Review of Plan Progress

Signature of Administrator: _____ Date _____

Signature of Department Chair (HS only): _____ Date _____

Signature of Staff Member: _____ Date _____

**Signatures reflect attendance at the final PDP review meeting.

Following the completion of the PDP the teacher will remain on cycle and be evaluated during the school year when the PDP ends based on the District 308 evaluation protocols.

Cc:Personnel File