

# Senath-Hornersville C-8

## Individual Professional Development Plan For Instructional Staff

Name \_\_\_\_\_

School Year \_\_\_\_\_

Campus \_\_\_\_\_

Assignment \_\_\_\_\_

Principal \_\_\_\_\_

Plan Approved \_\_\_\_\_

Principal initial & date

Identify the CSIP or district professional development goal to which your Individual Professional Development Plan is aligned:

Desired Outcome for Individual Development Plan:

- State your **Desired Outcome** for the year (What do you want to improve/change so student learning improves? What do you want to learn more about?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List your plan of activities and/or possible strategies that will help you achieve your **Desired Outcome**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Identify how your Independent Development Plan **Desired Outcome** will support student learning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGN UPON COMPLETION OF PLAN ACTIVITIES:

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date of Accomplishment

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date