Clear Form

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Individualized Professional Development Plan (IPDP)

TEACHER NAME _____ **EMPLOYEE NUMBER** _____ **SCHOOL** _____

IPDP IMPLEMENTATION PERIOD _____

Student Performance Data	Training Objective(s)	Professional Development Activities	Evaluation
Specify the student performance data and/or results of prior year's evaluation used to form the basis for the IPDP. Data must be related to the students to whom the teacher is assigned. (Check all that apply.) ☐ **School Improvement Plan** ☐ **Student Achievement Data**(e.g., student assessment results, reading inventory scores, FCAT scores, pre/post tests, nine week grades, etc.) ☐ **IPEGS Annual Evaluation from previous year** ☐ Other(specify) _____ Identified Student Needs:	***Specify the training objectives expected to impact student performance.*** ***What specific measurable improvements are expected in student achievement as a result of the training activity?***	**Specify the professional development activity (ies) and dates to support each objective(s).** **Activity** / **Date** _____ / _____ _____ / _____ _____ / _____ _____ / _____ **To which of the following is the professional development activity related? (Check all that apply.)** ☐ Next Generation Sunshine State Standards/ Common Core Standards, Subject Area Content ☐ Teaching Methodology ☐ Technology ☐ Assessment and Data Analysis ☐ Classroom Management ☐ Parental Involvement ☐ School Safety ☐ IPEGS Standards: 1.__ 2.__ 3. __ 4. __ 5.__ 6.__ 7.__ 8._ Follow-up: Evidence of impact on professional practice ☐ Yes ☐ No	**Specify the effectiveness of the IPDP by answering the following:** ***Were the training objectives met?*** ☐ **Yes** ☐ **No** (If no, why not and what are follow up plans?) ***What was mastered and implemented by the teacher as a result of the professional development activities?*** ***What were the changes in the educator's professional practice as a result of the professional learning activities?*** ***What was the impact of the professional development on student achievement?***

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 1012.98 F.S
A copy is to be retained by the principal in the teacher's personnel file. This plan may be revised any time as needed.