

Educators' Individual Professional Development Plan

Last Name	First Name, Middle	Renewal Year		
Home Address		City	State	Zip Code
Primary Area		License Number		
District	School	Grade Level(s)	Subject(s)	

- Individual professional development plans must include at least 150 PDPs. At least 120 of the PDPs must be in the content area of the certificate or in pedagogy directly related to the educator's primary certificate, with at least 90 of these PDPs in the content area of the educator's primary certificate.
 - A minimum of 10 PDPs must be earned in a topic to count the PDPs toward recertification.
 - Professional development plans must include an additional 30 PDPs in the content area of any additional certificate to be renewed.
- 603 CMR 44.00: M.G.L. c. 71, §38G

Please check the box(es) that applies to your situation. Use the following forms to document the PDPs that you earned in order to seek re-licensure.

- ☐ Primary Area: 150 Professional Development Points (120 PDPs must be in the content area or pedagogy of the primary license. This breaks down to include 30 PDPs of pedagogy and 90 of the 120 in the primary content area)
- ☐ Secondary Area: 30 PDPs in the content area of any additional certificate.

Professional Practice Goal(s) – Please record at least one goal.

What do you want to develop professionally?

1.	
2.	

Student Learning Goal(s) – Please record at least one goal.

What do you want to understand or develop linked to student learning?

1.	
2.	

Record of Approved Professional Development Activities for Primary Area

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs (pedagogy or professional skills)	*Date Approved & Supervisor's Initials OPTIONAL	Date Completed

*The Supervisor's initials indicate that the professional development activity is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

Record of Additional Professional Development Activities for Elective PDPs

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs	Date Completed

Use additional copies of this form if necessary.

This document and other Department of Elementary and Secondary Education documents and publications are available at www.doe.mass.edu/recert.

Educator's Name

License Number

Initial Review and Approval Date

Date

The signature below indicates that 80% of this educator's Individual Professional Development Plan is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

Supervisor's Name (print)

Title

Signature

First Two Year Review

Date

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

Please check one.

_____ The Plan remains consistent with the educational needs of the school and/or district.

_____ The Plan was reviewed and amended.

Supervisor's Name (print)

Title

Signature

Second Two Year Review

Date

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

Please check one.

_____ The Plan remains consistent with the educational needs of the school and/or district.

_____ The Plan was reviewed and amended.

Supervisor's Name (print)

Title

Signature

Final Endorsement

Date

The signature below indicates that the supervisor reviewed this educator's Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

Supervisor's Name (print)

Title

Signature