



**DISTRICT GOALS**

- 1. To continue to develop and implement a comprehensive plan to maximize student achievement for all students.**
- 2. To insure continual progress toward emotional and physical safety for all students.**

**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 <b>OPTI ONAL</b>	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 Education documents and publications are available on our website at [www.doe.mass.edu/recert](http://www.doe.mass.edu/recert).*

\_\_\_\_\_  
Educator's Name

\_\_\_\_\_  
Certificate Number

**Initial Review and Approval**

**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 the supervisor has 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