PROFESSIONAL DEVELOPMENT PLAN (PDP)

Professional Development includes district and individual professional development experiences, and other opportunities offered by a New Jersey registered provider. Goals and activities may be modified throughout the calendar year to meet emerging needs of the staff member.

Name: _____ District: Hudson County Schools of Technology
School: _____ Timelines: School year _____

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1. My Professional Development goals include:

   ☐ a. To acquire new knowledge of my subject content.
   ☐ b. To plan & design brain-based instructional approaches & Strategies.
   ☐ c. To enhance my leadership skills & utilize them in my school.
   ☐ d. To develop a variety of classroom-based assessment skills.
   ☐ e. To integrate new learning into the curriculum.
   ☐ f. To utilize classroom & school based data to assess my teaching practice & my students learning.
   ☐ g. To collaborate with my peers through reflection, self-assessment, inquiry, action research etc.
   ☐ h. To enhance my technology skills & improve student performance.
   ☐ i. Implementation of school level plans as required.
   ☐ j. Support the district vision and mission by facilitating goals and action plans.

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2. Indicate how the above goals relate to the New Jersey Standards for Professional Development:

   ☐ The above goals have been jointly created and embody both the spirit and intentions of the NJ Standards for Professional Development.

   ☐ Each goal was carefully developed to ensure successful completion of the requirements in N.J.A.C. 6:11-13.

3. Suggested activities to accomplish my goals are: (Participation in professional development activities that are a part of the approved district professional development plan and are relevant to the teacher's goals are considered to be included in the PDP and must be documented on the Record of Professional Development Hours.)

   My approved continuing education experiences shall include, but not be limited to:

   a. ☐ Conferences (sponsored by registered providers)
   - ☐ Seminars
   - ☐ Workshops

   a. ☐ Mentoring (1 Hour per week)

   b. ☐ Action Research
   - ☐ Curriculum Development (CCCS)
   - ☐ Textbook Review
   - ☐ Study Groups

   c. ☐ Giving Presentations (2 for 1)

   d. ☐ Committee participation (10 Hours/per year)
   - ☐ Action Plan Goals

   e. ☐ Grant Writing

   f. ☐ Formal Courses (Colleges or Universities)
   - ☐ On Line
   - ☐ On Campus

   g. ☐ District sponsored workshops and activities relative to the Professional Development standards, and/or district vision/mission goals and action plans.

All Professional Development experiences contained in this PDP may be modified and shall count toward my continuing education progress.

4. This PDP was developed cooperatively by:

   Teacher/Facilitator/Advisor: _____
   Date: _____

   Principal/Vice/Ass't: _____
   Date: _____

RECORD OF PROFESSIONAL DEVELOPMENT HOURS

Name : _____ District: HCST

ANNUAL REVIEW: (Attach relevant documentation where applicable)

ACTIVITIES	DATES	# HOURS	DOCUMENTATION

Total number of hours completed _____ From _____To _____

Staff Person's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

(Supervisor's signature acknowledges receipt of annual review.

- **A copy of this form shall be kept in the staff member's personnel file. Participation in district professional development activities which are a part of the approved district professional development plan must be recorded on this form.**