



Archdiocese of Miami

Office of Catholic Schools

Individual Professional Development Plan



Teacher Name:			
School Year:			
Subject(s) & Grade Level(s):			
Professionally Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, a Certification Plan must also be in place.</i>		
Professional Certification Subject Area(s):			Expiration Date:
ESE Points:	Reading Points Required? <input type="checkbox"/> Y <input type="checkbox"/> N		Reading Points:
Out-of-Field:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Select yes if you teach more than one period in a subject/grade for which you are not certified.</i>		
Catechist Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, which classes have been taken:		If yes, expiration date:	
___ Sacred Scripture ___ Profession of Faith: Creed ___ Liturgy and Sacraments ___ Catholic Morality: Life in Christ			
Self-Assessment: <i>Current strengths, weaknesses, issues, and/or gaps in achieving career objectives? How/what do you want to learn/improve this school year?</i>			
Professional Growth Goal(s):			
Action Plan	Implementation		Reflection
What will you do to achieve this goal?	Date:	Title of PD/Workshop/Training:	# of PD Points (MIP):
How will you incorporate this training into your teaching or leadership?			

Teacher Signature _____ **Date** _____

Administrator Signature _____ **Date** _____

Review Conference Date _____

Notes _____

