

Professional Practice Goal(s): Planned Activities

*Describe actions the educator will take to attain the professional practice goal(s).
Activities may apply to individual and/or team. Attach additional pages as needed.*

Action	Supports/Resources from School/District	Timeline or Frequency

This Educator Plan is “designed to provide educators with feedback for improvement, professional growth, and leadership,” is “aligned to statewide Standards and Indicators in 603 CMR 35.00 and local Performance Standards,” and “is consistent with district and school goals.” (see [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06 \(3\)\(d\)](#) and [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06\(3\)\(f\).](#))

Signature of Evaluator _____ Date

Signature of Educator _____ Date

* As the evaluator retains final authority over goals to be included in an educator’s plan (see [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06\(3\)\(c\)](#)), the signature of the educator indicates that he or she has received the Goal Setting Form with the “Final Goal” box checked, indicating the evaluator’s approval of the goals. The educator’s signature does not necessarily denote agreement with the goals. Regardless of agreement with the final goals, signature indicates recognition that “It is the educator’s responsibility to attain the goals in the plan and to participate in any trainings and professional development provided through the state, district, or other providers in accordance with the Educator Plan.” (see [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06\(4\)](#))

Educator Plan Addendum:

Individual Professional Development Plan (IPDP) Required for Re-licensure.

The re-licensure regulations require teachers to develop “an individual professional development plan, to be achieved over the five year period, that includes the educator's goals for strengthening content area knowledge and professional skills and for remaining current in other professional issues, and resulting in improvements in teaching.” 603 CMR 44.10 (1)(a) The regulations also require the supervisor to review the IPDP at least every two years. 603 CMR 44.04 (2)

Educators are encouraged to use this addendum to the Evaluation Instrument Educator Plan to meet the requirements of the IPDP.

Educator—Name/Title:

Primary Area of License:

Secondary Area of License:

Certificate/License #: _____ Expiration Date:

Professional Development Points Required for Renewal of Primary Area: 150 PDPs

Total Number of PDPs required in content:

Professional Growth Goals:

FORMCHECKBOX See Student Learning SMART Goal(s). (Goal #SL)

FORMCHECKBOX See Professional Practice SMART Goal(s) (Goal # PP)

FORMCHECKBOX Additional Goals (if necessary) These goals must be consistent with district and/or school goals. Please number all goals.

Initial Review and Approval

The signature below indicates that at least 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.

Signature of Supervisor _____ Date

Supervisor's Name and Title (please print):

Record of Approved Professional Development Activities for Primary Area

Attach more pages as necessary

Professional Development Activity	Goal #	# of PDPs	Type (Content, Pedagogy, Leadership etc)	*Date Approved & Supervisor's Initials	Date Completed	Date Artifact Collected and Filed

*The Supervisor’s initials (optional) 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.

First Two Year Review

The signature below indicates that this educator’s IPDP was reviewed and remains consistent with the educational needs of the school and/or district and/or it was edited and updated to do so.

Signature of Supervisor _____ Date

Supervisor’s Name and Title (please print):

Second Two Year Review

The signature below indicates that this educator's IPDP was reviewed and remains consistent with the educational needs of the school and/or district and/or it was edited and updated to do so.

Signature of Supervisor _____ Date

Supervisor's Name and Title (please print):

Must identify means for educator to receive feedback for improvement per HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06" [603 CMR 35.06\(3\)\(d\)](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06)

Updated DATE \@ "M/d/yy" 12/17/12
Relicensure)

NPS Educator Plan ADDENDUM (for
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