

**Individual Teacher Professional Development Plan (PDP) Template
Point Pleasant School District**

School	Teacher Name	Date

I. Areas Identified for Development of Professional Practice

No.	Areas Identified for Development
1	
2	
3	

II. Professional Learning Goals and Activities

Area No.	Professional Learning Goals	Activities	Completion Date
1			
2			
3			

III. District and School PDP Support

District/School Administrator Support Activities

My signature below indicates that I have received a copy of this Professional Development Plan and that I understand and contributed to its contents.

Teacher Signature: _____ Date: _____

Supervisor Signature: _____ Title: _____ Date: _____