



## 2009-2010 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

<b>NAME:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
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<b>CAMPUS</b>		<b>POSITION/GRADE LEVEL(S)/SUBJECT(S)</b>	

**1. My professional growth goals (please number in order of priority):**

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**2. My professional growth goals are consistent with the following district and/or school goals:**

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<b>RECORD OF APPROVED PROFESSIONAL DEVELOPMENT ACTIVITIES</b>			
<b>PROFESSIONAL DEVELOPMENT ACTIVITIES</b>	<b>CORRESPONDING PROFESSIONAL GROWTH GOAL (GOAL NUMBER)</b>	<b>DATE APPROVED &amp; SUPERVISOR INITIALS</b>	<b>DATE COMPLETED</b>

\*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.

**Supervisor Recommendations for District Training:** \_\_\_\_\_

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