



Frisco Independent School District

Individual Professional Development Plan

(Please refer to the Quick Reference Course Planner before completing this plan)

NAME: LAST

FIRST

MIDDLE

CAMPUS

POSITION / GRADE LEVEL(S) / SUBJECT(S)

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

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

RECORD OF APPROVED PROFESSIONAL DEVELOPMENT ACTIVITIES			
PROFESSIONAL DEVELOPMENT ACTIVITIES	CORRESPONDING PROFESSIONAL GROWTH GOAL (GOAL NUMBER)	DATE APPROVED & SUPERVISOR INITIALS*	DATE COMPLETED

*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:
