# MIAMI-DADE COUNTY PUBLIC SCHOOLS
## Individual Professional Development Plan (IPDP)

PROFESSIONAL: _____  EMPLOYEE NUMBER: _____  SCHOOL: _____

IPDP IMPLEMENTATION PERIOD: _____

| Student Performance Data | Individual Learning Goal | Professional Development Activities | Performance Outcome |
|---|---|---|---|
| **Please check appropriate box.**<br>☐ **Classroom teacher with assigned students.** *The data used as a basis for the IPDP must be related to your current students.*<br><br>☐ **Instructional professional without assigned students.** *The IPDP must align with the School Improvement Plan, region or district data, or school/ program initiatives as per your job assignment.*<br>  ☐ **School-based**<br>  ☐ **Region**<br>  ☐ **District**<br>  ☐ **Other:** _____<br>  _____<br>*Note: In developing the IPDP you should also review your IPEGS Summative Performance Evaluation from the previous year to identify potential targets of improvement.*<br>**Basis for my IPDP: (Check all that apply.)**<br>☐ **Student Achievement Data (Specify)**<br><br><br>☐ **School Improvement Plan (SIP) Objective, region or district data, or school/program initiatives as per your job assignment (Specify)**<br><br><br>☐ **IPEGS Summative Performance Evaluation (SPE) from previous year (Specify)** | *What do you expect to learn from professional development that will impact student performance? (Your learning goal)*<br><br><br><br><br>*What specific measurable improvements are expected in student achievement as a result of your professional learning this year? Write as a SMART goal. (SMART= Specific, Measurable, Appropriate, Realistic, and Time-Bound)* | **Specify the professional development activity (ies) to support your learning goal.**<br><br><br><br><br><br>**Focus of Professional Development (Check all that apply.)**<br><br>☐ Common Core Standards/Next Generation Sunshine State Standards/Subject Area Content<br>☐ Teaching Methodology<br>☐ Technology<br>☐ Assessment and Data Analysis<br>☐ Classroom Management<br>☐ Parental Involvement<br>☐ School Safety<br>☐ IPEGS Standards:<br>  1.__ 2.__ 3. __ 4. __ 5. __ 6.__ 7.__ 8.__ | *What was the impact of the professional development on student achievement?* |

**PLANNING MEETING:** Principal's Signature _____ Date _____ Teacher's Signature _____ Date_____

**REVISED/UPDATED:** Principal's Signature _____ Date _____ Teacher's Signature _____ Date_____

**EVALUATION MEETING:** Principal's Signature _____ Date _____ Teacher's Signature _____ Date_____

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A copy of this form is to be retained by the principal in the teacher's personnel file. This plan may be revised any time as needed.