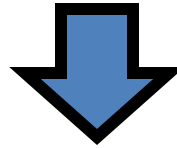


PDP Walkthrough

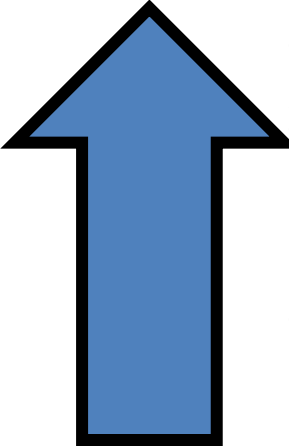


Fill in any missing information.

District Name	School Name	Date
LOWER CAPE MAY REGIONAL SCHOOL DISTRICT		
Teacher Name	Assignment/Department/Grade Level	Rating & Date of Most Recent Summative Evaluation
Supervisor Name	Principal Name (if different)	Plan Begin/End Dates

I. Areas Identified for Development of Professional Practice

No.	Areas Identified for Development	Rationale/Sources of Evidence
1		
2		
3		

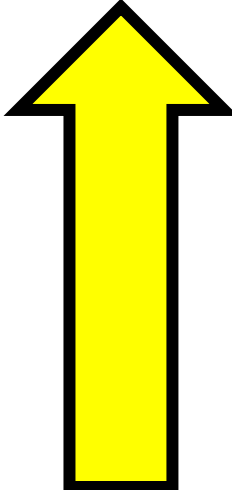


Broad goals...
 (Does not have to be, or limited to three)

A) Improvements to be made from past observations and evidence in annual performance evaluation .

B) Teacher's role as a member of a collaborative professional learning team, and/or any school/district improvement goals.

C) any requirements for professional development stipulated elsewhere in statute or regulation

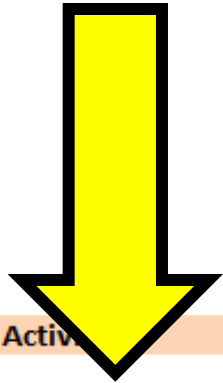


Rationale/Sources of Evidence..

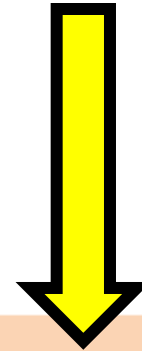
Detailed reasoning on why you should meet those goals as an educator.

Site points of evidence from the following:
 Components of Danielson, NJCCS,
 Components of a Corrective Action Plan, etc.

PDP Walkthrough



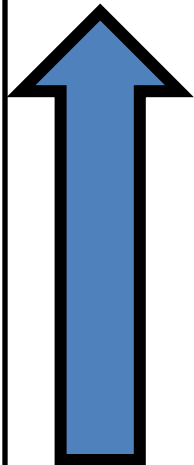
How are you going to measure goals?
 How are you going to obtain knowledge of achieving goals?
 Dates of Activities
 What concrete evidence supports that these goals are being met?



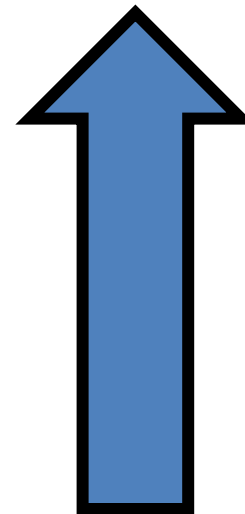
An estimation of hours.
 Must total 20 hours.
 Finalized by administration.

II. Professional Learning Goals and Activities

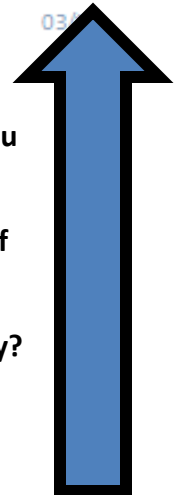
Area No.	Professional Learning Goals	Initial Activities	Follow-up Activities (as appropriate)	Estimated Hours	Completion Date
1					
2					
3					



Specific parts of your broad goals.
 (i.e. Becoming familiar with PARCC-Like Assessments
 Developing PARCC-like assessments in the classroom
 Developing three benchmark assessments for Pre-Calculus)



How are you measuring goals?
 What concrete evidence supports that these goals are being met?
 Dates of activities
 How often are you proving you are trying to achieve goals
 Going over assessment results
 A specific number of implementation of tactics in lesson plans
 Survey Data



When do you hope to complete initial (and if necessary follow-up activities) by?

PDP Walkthrough

III. District and School PDP Support

District/School Administrator Support Activities

To be filled in by
administration

Our records indicate you have used _____ sick days & _____ personal days for the _____ school year.



Check your own records to confirm
with your administration

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: _____