

Professional Development Plan for Massachusetts Educators

Name: Last First Middle School Year

Home Address Apartment # City State Zip Code

**Certification Information:**



Primary Area of Certification Certificate Number License Expiration



Secondary Area of Certification Certificate Number License Expiration

**District and School Information:**

 District School 

 9-12

 

 Grade Level(s) Subject(s)

**Record of Approved Professional Development Activities**

**Professional Development Points Required for Renewal-** *Please consult state law for the most up to date information.*

###### **ACADEMIC PROFESSIONAL LICENSE**

**Primary Area:** A minimum of 150 PDPs. At least 15 PDPs in content (subject matter knowledge). At least 15 PDPs in pedagogy (professional skills & knowledge). At least 15 PDPs related to Sheltered English Immersion (SEI) or English as a Second Language (ESL). At least 15 PDPs related to students with disabilities and students with diverse learning styles.

**Each Additional Area:** (Field or Grade level) A minimum of 30 PDPs must be in content. To renew an Additional Area that is in an Invalid status requires 150 PDPs.

# Renewal Guidelines: <http://www.doe.mass.edu/licensure/academic-prek12/guidelines-recert-ma-educators.pdf>

###### **VOCATIONAL TECHNICAL PROFESSIONAL LICENSE**

**Primary Area (Teachers):** A minimum of 150 PDPs. 10 points must be in subject matter, knowledge and skills; 10 points must be in pedagogy; 10 points must be in academic and technical curriculum integration; and 10 points must be in safety and health. Current state and/or national license, if required, for the particular teacher license.\*\*

**Primary Area (Administrators):** A minimum of 150 PDPs in the following areas: supervision; school law; school finance; labor relations; safety and health; curriculum; labor laws.\*\*

**Each Additional Area (Teachers):** 30 PDPs in any of the four areas (subject matter, knowledge and skills; pedagogy; academic and technical curriculum integration and safety and health). Current state and/or national license, if required, for the particular teacher license.\*\*

**Each Additional Area (Administrators):** 30 PDPs in any of the following areas specific to your license: supervision, school law, school finance, labor relations, safety & health curriculum, labor laws.\*\*

\*\*Refer to Chapter 74 Guide for Professional Vocational Technical Educator License Renewal for specific license(s) <http://www.doe.mass.edu/licensure/voctech/chapter-74-guide-professional-license-renewal.docx>

###### **ALL OTHER PROFESSIONAL LICENSES**

Please refer to the MA DESE website, licensure renewal information at <http://www.doe.mass.edu/licensure/academic-prek12/> OR <http://www.doe.mass.edu/licensure/voctech/chapter-74-guide-professional-license-renewal.docx>

Signature of instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Development Plan Goals**

 Educator’s Name Certificate Number

# My Professional Growth Goals

Please list your professional growth goals in the chart listed below. Please be reminded that in accordance with state law, 80% of your professional growth goals must align with the school’s goals.

|  |  |
| --- | --- |
| Goal #1 |  |
| Goal #2 |  |
| Goal #3 |  |
| Goal #4 |  |
| Goal #5 |  |
| Goal #6 |  |
| Goal #7 |  |

**Record of Professional Development Plan Progress Towards Goals: Year:**

Educator’s Name Certificate Number

All progress towards professional growth goals must be documented by the awarding of Professional Development Points (PDPs). PDPs are issued by the school system or an approved provider, after a demonstrable product has been produced as a result of the teacher’s participation in the professional development activity.

* Reminder: Completion of a three credit college course (documented by a transcript) in an approved area that aligns with your professional growth goals can earn you 45 PDPs (undergraduate) and 67.5 PDPs (graduate).
* A *Certificate of Attendance* does not equal a *PDP Certificate*. PDP certificates are usually awarded by your home district, after the completion, submission and approval of a demonstrable product. Only a handful of state colleges and universities have been granted PDP award rights. *Read your certificates carefully!*

# Record of Approved Professional Development Activities for Primary Area of Licensure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Professional Development Activity | Professional Growth Goal(s)(Goal Number) | Number of ContentPDPs | Number of Other PDPs(pedagogy or professional skills) | PDP Certificate obtained | Date Completed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* Use as many copies of this page as needed to list all of your PDPs for this year.

**Record of Reviews of Professional Development Plan**

Educator’s Name Certificate Number License Expiration

# Initial Review and Plan Pre-Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year) Date

The signature below indicates that 80% of this educator’s Individual Professional Development Plan is consistent with the educational needs of the school and/or district for the school year listed above and is designed to enhance the ability of the educator to improve student learning.

 Supervisor’s Name (print) Title Signature

# First Two Year Review Date

The signature below indicates that this educator’s Individual Professional Development Plan was reviewed.

*Please check one*.

The Plan remains consistent with the educational needs of the school and/or district.

The Plan was reviewed and amended.

Supervisor’s Name (print) Title Signature

# Second Two Year Review Date

The signature below indicates that this educator’s Individual Professional Development Plan was reviewed.

*Please check one*.

The Plan remains consistent with the educational needs of the school and/or district.

The Plan was reviewed and amended.

 Supervisor’s Name (print) Title Signature

**Final Endorsement**

The signature below indicates the supervisor has reviewed this educator’s Record of Professional Development Activities and the reported activities are consistent with the approved Professional Development Plan

 Supervisor’s Name (print) Title Signature