

NARRAGANSETT REGIONAL SCHOOL DISTRICT
Individual Professional Development Plan

Purpose of Plan (mark all that apply to this plan)

- Renewal of Professional License(s) (Please list)**

- Completion of or progress towards fulfilling the requirements for Provisional License**
- Completion of or progress towards fulfilling the requirements for Initial License**
- Completion of or progress towards fulfilling the requirements for Professional License**

- Demonstration of subject matter competency (Please list subject areas and pdps reflected in plan)**

Goals (please list each goal of your IPDP and reference its alignment appropriately)

Individual Goal	Alignment
	<input type="checkbox"/> District Strategic Plan <input type="checkbox"/> School Improvement Plan <input type="checkbox"/> State requirements for licensure <input type="checkbox"/> State requirements for Highly Qualified
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Supervisor's review and signature is necessary for plans leading to recertification.

Educator's Name

Certificate Number

Initial Review and Approval

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 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

Date _____

The signature below indicates the supervisor has reviewed this educator's Record of Professional Activities and the reported activities are consistent with the approved professional development plan

Supervisor's Name (print)

Title

Signature