

**Narragansett Regional School District**  
**Individual Professional Development Plan**

Name: \_\_\_\_\_ Renewal Year: \_\_\_\_\_  
Position: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_  
Primary Areas: \_\_\_\_\_

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Professional Development Points required for renewal of primary area: \_\_\_\_\_ 120 \_\_\_\_\_ 150  
Total number of PDPs required in content: \_\_\_\_\_

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The district goals that my plan addresses are:

- A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
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The school goals that my plan addresses are:

- E. \_\_\_\_\_
  - F. \_\_\_\_\_
  - G. \_\_\_\_\_
  - H. \_\_\_\_\_
- 
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My individual goals are: (should be related to curriculum, instruction assessment, student management, etc.)

- I. \_\_\_\_\_
  - J. \_\_\_\_\_
  - K. \_\_\_\_\_
  - L. \_\_\_\_\_
- 
-



\_\_\_\_\_  
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 superior 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