

School District of DeSoto County

Appendix D

School District of DeSoto County Individual Professional Development Plan

INITIAL PLAN:

1. IPDP Focus Area:

- a. Reading
- b. Math
- c. Writing
- d. Science
- e. Technology
- f. Florida Standards
- g. Other: Please explain

2. Which student subgroup do you hope to impact the most?

- a. Students with disabilities
- b. Lowest quartile
- c. Hispanic
- d. African American
- e. No particular subgroup / all students

3. What data did you use to identify this need? Summarize your student data (from last year, pre-test, benchmark)?

4. What is the learning goal for your students this year? Please use a S.M.A.R.T goal (Student centered/specific, Measurable, Attainable, Realistic, Time Bound).

5. To which portion of your school's improvement plan does your goal apply?

6. For purposes of the STUDENT PERFORMANCE PORTION OF YOUR EVALUATION, what student data option (if an option is available) are you choosing? Please refer to the chart "Student Performance Linked to Teacher Evaluation" as needed.

- FLKRS
 - I-Ready Reading/Math Combined
 - I-Ready Reading
 - I-Ready Math
 - FSA Reading VAM
 - FSA Math VAM
 - FSA Math/Reading Combined VAM
 - Teacher developed assessment
 - EOC VAM
 - CTE examination
 - School Score / Survey
 - Other, Please Identify
-
-

School District of DeSoto County

ACTIVITIES / STRATEGIES TO ATTAIN THIS GOAL:

7. What will you do to help your students attain this goal?
8. What related professional development/resources will you need to assist you in helping you and your students attain this goal?
9. What documentation / evidence will you provide to demonstrate your progress/your students' progress towards this goal?

INITIAL PLANNING REVIEW DATE:

ADMINISTRATOR INITIALS:

TEACHER INITIALS:

MID-YEAR REVIEW:

10. What progress have your students made toward the goal? Include data/evidence of your students?
11. Do you need any additional, professional development, assistance to achieve your goal? (If **yes**, please identify what assistance is needed. If **no**, please explain how the professional development you have completed thus far assisted you and your students in making progress toward the goal you have established.)

MIDYEAR REVIEW DATE:

ADMINISTRATOR INITIALS:

TEACHER INITIALS:

FINAL REVIEW:

12. Did your students meet the goal? Summarize the data you have used to measure this goal. Use the appropriate data sheet (proficiency or growth) to summarize your data.
13. What professional development offerings would you like to attend or see offered by our district in the next school year?

FINAL REVIEW DATE:

ADMINISTRATOR INITIALS:

TEACHER INITIALS: