

ORANGE COUNTY PUBLIC SCHOOLS INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

TEACHER: _____ ADMINISTRATOR: _____ SCHOOL: _____

Focus (School Improvement Goal): _____

Student Baseline Data	Needs-based Question for Professional Inquiry	Expected Student Achievement Goal(s)	Related Professional Development Objective(s)	Related Professional Training & Learning Activities	Classroom Implementation
<i>What specific student achievement data indicates the need for improvement?</i>	<i>In reflecting on this student achievement data, what instructional question(s) comes to mind?</i>	<i>What is your expectation of student achievement as a result of your professional development?</i>	<i>What practice(s) will you need to enhance/develop in order to answer your question and meet your stated student achievement goals?</i>	<i>How will you use research-based knowledge and strategies that will help you achieve your stated professional development objective(s)?</i>	<i>What practices have you implemented in your classroom as a result of your professional development?</i>
(Indicated Classroom Level Data that is disaggregated by student performance level, gender, ethnicity, and /or socio-economic status.)	(Considering this specific student data, formulate a question that will help you improve your practice and student performance.)	(Indicate a measurable result on a specific assessment. Multiple data sources are encouraged.)	(Indicate what you need to know and be able to do.)	(List activities that you have planned for your personal professional learning.)	(Record new strategies as you implement in your classroom.)

Documented Results: *(Completed just prior to final review)* _____

How do you plan to share what you've learned in the IPDP process?
(Check all that apply.)

Action Research Report
 Learning Community Sharing
 Sharing At A Workshop or Conference
 Web-based Sharing
 Dept. or Team Meeting
 Other: _____

IPDP Initiation: _____ Date _____ Teacher Signature _____ Administrator Signature _____ Interim Review date(s)--Optional _____

Conferences: Final Review: _____ Date _____ Teacher Signature _____ Administrator Signature _____

Was the student achievement goal(s) accomplished?
 yes no to be continued

Comments: _____