|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **School** |  |
| **School Year:** |  | **Select Goal #** |  |
| |  | | --- | | **Select Type of Goal:  NJ DOE Mandated Training** | | | | |

**I. Area Identified for Development of Professional Practice**

|  |  |
| --- | --- |
| **What is the expected outcome you hope to achieve? What specifically do you hope to improve upon?** | **Rationale/Explain why you chose this goal** |
| **Develop the knowledge and skills required by the NJ DOE to fulfill my professional responsibiities.** | **These professional development topics consist of mandated trainings required by the NJ Department of Education.** |

**II. Professional Learning Goal and Activities**

**GOAL: NJDOE Mandated Professional Development Training (WTPS PDP Goal #12)**

**Strategies/Activities (Choose from the following):**

**Complete required on-line training modules:**

* **Trainings determined by the district to maintain compliance for each mandate**
* **Dyslexia *(if applicable and assigned)***

**The Instructional Support Personnel (Non-Classrooom) engages in ongoing learning opportunities to develop knowledge and skills in these specific content areas.**

**The Instructional Support Personnel (Non-Classrooom) engages in meaningful and appropriate professional learning experiences aligned with his/her own needs and the needs of the school and system.**

**The Instructional Support Personnel (Non-Classrooom) actively seeks professional, community, and technological resources, within and outside the school, as supports for analysis, reflection, and problem-solving.**

**Other:**

**Follow-Up Activities (As appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Collaborate with PLC |  | Fine tune implementation of new strategies |
|  | Write a report / article |  | Collect and analyze student achievement data |
|  | Publish hard or electronic copy |  | Provide evidence of turn-key training |
|  | Apply for an award or grant |  | Share information with colleagues/department |
|  | Conduct action research |  | Expand the goal to a school or district initiative |
|  | Ongoing reading / research |  | Other documentation as appropriate (specify) |
|  | Completion of a course, degree or certificate |  |  |

**III. District and School PDP Support**

|  |
| --- |
| Administration will meet with you throughout the school year to discuss your progress through the classroom observation and post-observation conference process. You are encouraged to discuss your needs and your progress with administration at other times as needed throughout the year. |

***My signature below indicates that I have received a copy of this Professional Development Plan and that I understand and contributed to its contents.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Person’s Signature** |  | **Date** |  |
| **Supervisor’s Signature** |  | **Date** |  |