|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **School** |  |
| **School Year:** |  | **Select Goal #** |  |
|

|  |
| --- |
|  **Select Type of Goal:** [x]  **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** |  |