

**PERSONAL PROFESSIONAL DEVELOPMENT PLAN (PPDP)**

Name \_\_\_\_\_

**ACTION PLAN WORKSHEET FORM AP**

ACTION PLAN		RECORD OF COMPLETING PLAN		
PROFESSIONAL DEVELOPMENT STRATEGIES (read, write, research, participate in, observe, attend, collect, interview, develop, create, conduct, mentor, serve on, evaluate...)	RESOURCES/SUPPORT NEEDS	EVIDENCE OF COMPLETION [tangible] (folder, material, notes, journal, log, video, certificate)	# PDUs* EARNED or # CLOCK HOURS	DATE ACHIEVED
<b>I will:</b>				

\* Board policy requires all staff to complete a PPDP annually that includes a minimum amount of professional development equivalent to 10 PDUs for certificated staff or equivalent to 16 clock hours for non-certificated staff.

Staff Member Signature

Supervisor Signature

Date Started

Date Completed

**Copies:** Staff member

Principal/Supervisor