Appendix E

Morris County USD #417

Individual Professional Development Plan

Activity # _____
Circle:
K A I

Approval Form - Checklist

Name Date

_____ 1. The plan has been approved by the participant's supervisor. Use N/A for Application and Impact activities.

_____ 2. The supervisor's approval date is prior to the date of the activity.

_____ 3. The district's goals and objectives OR Professional Education Standards are clearly stated.

_____ 4. The title of each activity is clearly stated.

_____ 5. The Activity Category selected aligns with the activity and program information

_____ 6. Program information or course description for each activity is attached.

_____ 7. The date(s) of the activity is /are clearly stated.

_____ 8. The time(s) and/or timeline(s) is/are clearly stated.

Professional Development Council Only

Approved by:		Not Approved by:
_____		_____
_____		_____
_____		_____
Date:		Date:

Comments

Amended 5/22/08

One Copy - Professional Development Council **One Copy - Applicant**