

Appendix E
Morris County USD #417
Individual Professional Development Plan

Activity # _____
Circle: K A I

Approval Form - Checklist

Name	Date
<p>_____ 1. The plan has been approved by the participant's supervisor. Use N/A for Application and Impact activities.</p> <p>_____ 2. The supervisor's approval date is prior to the date of the activity.</p> <p>_____ 3. A district Professional Goal OR Objective OR Ed. Standards is clearly stated.</p> <p>_____ 4. The title of each activity is clearly stated.</p> <p>_____ 5. The Activity Category selected aligns with the activity and program information</p> <p>_____ 6. Program information or course description for each activity is attached.</p> <p>_____ 7. The date(s) of the activity is /are clearly stated.</p> <p>_____ 8. The time(s) and/or timeline(s) is/are clearly stated.</p>	
Professional Development Council Only	
<p>Approved by:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Date:</p>	<p style="text-align: center; background-color: #cccccc;"> </p> <p>Not Approved by:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Date:</p>
Comments	
<p>Amended 7/28/10</p>	
One Copy - Professional Development Council	One Copy - Applicant