

Appendix G

**Morris County USD #417
Individual Professional Development Plan**

Activity # _____ Circle: K A I
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Verification Approval Form - Checklist

Name	Date
	1. The title of the activity is clearly stated.
	2. The verification form has been signed by the applicant and his/her administrative supervisor.
	3. The date or timeline of the activity is clearly stated.
	4. The professional development level is circled.
	5. The goals and objectives OR Professional Education Standards are clearly stated.
	6. The response to the professional development question is appropriate to the Knowledge, Application, or Impact Activity Level.
	7. College credit hours are clearly stated.
	8. The number of points requested are appropriate to the process level [Knowledge, Application, or Impact].
	9. The Professional Education Category [C, PE, or SP] is circled.
	10. If Application Level points are requested, the participant has attached a copy of the approved Knowledge Level form.
	11. If Impact Level points are requested, the participant has attached a copies of the approved Knowledge and Application forms.
	12. Documented Evidence is attached and appropriate to the process level and professional education category.

Professional Development Council

**NUMBER AND ASSIGNMENT OF
AWARDED POINTS**

Licence Renewal Points
Salary Movement Points

Comments
<p>One Copy - Professional Development Council One Copy - Applicant</p>