

Lebanon Community Schools

Code: **GCL-AR(B)**
Revised/Reviewed: 5/3/99; 9/16/10
Orig. Code(s): GCL-AR(B)

Professional Development Plan

Plan form and PDU Record

Educator name: _____

Current license(s)_____

and Endorsement_____

Seeking: Basic License Standard or Continuing License Renewal

Date initiated _____ Date of license expiration_____

Lebanon Community School District #9
485 S. 5th Street
Lebanon, OR 97355

Guidelines

Standards for Professional Development Plans

Each CPD Plan shall have as a primary purpose improved student learning by improving professional skills of educators. Each Plan shall be designed to assist the educator to:

- 1. Achieve district, state, and national standards;
- 2. Keep current with the development and use of best practices; and
- 3. Develop ways to enhance learning for a diverse student body.

Domains for Professional Development Plans

- 1. Subject Matter or Speciality;
- 2. Assessment Strategies;
- 3. Methods and Curriculum;
- 4. Understanding Diversity;
- 5. State and National Education Priorities;
- 6. Use of Technology in Education.

PDU Values

One clock hour = One PDU
 One quarter hour credit = 20 PDUs
 One semester hour credit = 30 PDUs

Minimum PDUs

75 for Basic License

125 for Standard or Continuing License

Overall Plan Components

Goals/Objectives of the Plan: _____

Proposed activities and experiences to meet your goals: _____

How will the Plan help you to enhance student learning? _____

What resources will you use to complete your Plan? _____

Supervisor/Advisor Signature Date Educator Signature Date

Revisions to Professional Development Plan

<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date Educator</p> <p>_____</p> <p>Date Supervisor/Advisor</p>	<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date Educator</p> <p>_____</p> <p>Date Supervisor/Advisor</p>
<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date Educator</p> <p>_____</p> <p>Date Supervisor/Advisor</p>	<p>How are you revising your Plan? _____</p> <p>_____</p> <p>Date Educator</p> <p>_____</p> <p>Date Supervisor/Advisor</p>

PDU Record

Note: Attach evidence of any completed PDU's since last license renewal if prior to this Plan.

Initial Cycle From _____ to _____

Supervisor name _____ Position _____

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs _____

The above activities have been completed:

Educator Signature _____ Date _____

Supervisor Signature _____ Date _____

3. Annual Cycle From _____ To _____

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs _____

The above activities have been completed:

Educator Signature _____ Date _____

Supervisor Signature _____ Date _____

4. Annual Cycle From _____ To _____

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs _____

The above activities have been completed:

Educator Signature _____ Date _____

Supervisor Signature _____ Date _____

5. **Annual Cycle** From _____ To _____

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs _____

The above activities have been completed:

Educator Signature _____ Date _____

Supervisor Signature _____ Date _____

6. Final Cycle From _____ To _____

Activity	Domain	No. of PDUs	
		Goal Related (Min. 40%)	Other

Total Cycle PDUs _____

The above activities have been completed:

Educator Signature _____ Date _____

Supervisor Signature _____ Date _____

E. Reflection on Professional Development Plan

Comment briefly on your CPD activities and the effect that you observed on student learning and any adjustments you made or will make to enhance student learning.
(Attach additional pages as needed.)

Total Plan PDUs_____

I have reviewed results of the CPD Plan and verify completion of the plan.

Supervisor/Advisor Signature

Date

I have completed the above Plan and development activities.

Educator Signature

Date

The completed form is retained in the district personnel file until the renewed license has lapsed.

