**Individual Annual Professional Development Plan**

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| **Name of MEP Staff Member:**  |
| **Position:**  |
| **Performance Period (Date Span):**  |
| **Name of Supervisor:**  |
| What is/are your GOAL(s) for professional development? |
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| What are your identified areas for professional growth? |
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| [ ]  Program planning | [ ]  Identification & recruitment | [ ]  Involving migratory parents |
| [ ]  Program evaluation | [ ]  Health/medical/dental issues | [ ]  ESL/diverse learner strategies |
| [ ]  Student assessment | [ ]  Reading/literacy strategies | [ ]  Data (collecting, reporting, etc.) |
| [ ]  Curriculum & instruction | [ ]  Mathematics strategies | [ ]  School readiness |
| [ ]  Serving OSY | [ ]  Inter/Intrastate coordination | [ ]  Technology  |
| [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Please list the MEP PD in which you would like to participate this year. (Be specific) |
| **PD specific for your LEA/LOA**:  | **PD specific to your role in the MEP**:  |
| Year-end Reflection (Impact/application of PD) |
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**MEP Staff Signature Date**