**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? | |
| |  |  |  | | --- | --- | --- | | 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 | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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**