

WAYNE COUNTY SCHOOLS CAREER CENTER- CLASSIFIED STAFF INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name: _____ Date: _____ Supervisor: _____

FOR PLAN APPROVAL: Complete Parts I and II of this plan form and submit to your supervisor prior to beginning any professional development.

FOR DOCUMENTATION APPROVAL: Complete Parts III A and III B and submit to your supervisor along with your professional development portfolio. **There is no time limit on completion of Professional Development Plan. Submission deadline May 1. If approved, class movement will take place with next salary contract year following approval. Example: Submitted and approved May 2007-Class movement effective salary contract year 2008.**

PART I- Choose up to five areas for you professional development focus this cycle.

IPDP Process/Checklist

Individualized Goals

- _____
- _____
- _____
- _____
- _____
- _____

FIRST STEP (done prior to any PD)

Staff Member

_____ Complete Part I and II of this form
 _____ Submit this form to your Supervisor _____ (Date)
 Supervisor/Director of Operations (DO)
 Approved Plan _____ (Date)
 Or Returned for changes _____ (Date)
 Supervisor/DO initials _____

Second Step (No time limit on completion)

Staff Member:

_____ Document your Professional Development
 Activities in your PD Portfolio
 _____ When ready, complete Part III A & III B of this
 Form

Third Step

Staff Member:

_____ Submit this form & your PD Portfolio to supervisor
 When you have completed the PD needed to be
 Considered for class movement _____ (Date)

Director of Operations/Designee

_____ Approved Documentation _____ (Date) or
 Returned for additional requirements _____ (Date)

Approved by Classified Committee: _____

Part II - Identify (by checking the boxes below) the methods you intend to use during this professional development cycle. Total hours needed for class movement = 190 hours	Part III.A- Briefly describe the documentation used to verify completion of your professional development.	<i>For Supervisor Use Only</i>
Professional Development/Committee (100 or more hours)	Documentation Description:	
<input type="checkbox"/> College / University / School / Professional Association Course (job related)		
<input type="checkbox"/> Professional Conferences, Workshops, or Seminars (job related)		
<input type="checkbox"/> Professional Development Provider - Professional Presentation (maximum 10 %)		
<input type="checkbox"/> Self- Directed Education – Publication (maximum 10%)		
<input type="checkbox"/> Self-Directed Education - Grant Writing (maximum 10%)		
<input type="checkbox"/> Self-Directed Education - Professional Reading from approved journal list (maximum 10%)		
<input type="checkbox"/> Job Shadowing at an off-site location (job related)		
<input type="checkbox"/> Non required PSW		
<input type="checkbox"/> Other (with supervisor prior approval)		
Cross Training (40 - 60 hours)		
<input type="checkbox"/> Cross Training In-house Workshop.(1 – 2 hr. Prerequisite to Identifying Essential Job Functions and Writing SOP's)		
<input type="checkbox"/> Identifying Essential Job Functions and Writing of Standard Operating Procedures (SOP's) for Essential Job Functions		
<input type="checkbox"/> Out-of-area (in house) cross training (unlimited but maximum of 1 day with sub coverage provided in ½ day increments per year)		
Co/Extra-Curricular/Committee Activities (5 – 30 hours, limit of 4 hours per activity, per year)		
<input type="checkbox"/> Orientation		
<input type="checkbox"/> Parent/Teacher Conferences		
<input type="checkbox"/> Open House		
<input type="checkbox"/> Fair for WCSCC		
<input type="checkbox"/> Graduation/Receptions/Banquets		
<input type="checkbox"/> School Student Organizations (CTSO's: SkillsUSA, FFA, HOSA, Ed Rising, BPA.)		
<input type="checkbox"/> School Youth Activities (Prom, SLC, etc.)		
<input type="checkbox"/> Hosting Area Events		
<input type="checkbox"/> Other (with supervisor prior approval)		

Part III.B - Professional Development Reflection: Write about how your professional development has helped you as an educator, how it has helped you as part of the WCSCC Team, and/or how it has benefited the staff/students/district. Please limit your thoughts to no more than one typed page. Attach your thoughts to this form and submit to your supervisor.