

## **INDIVIDUAL PROFESSIONAL DEVELOPMENT PLANS (IPDP)**

The Massachusetts Department of Elementary and Secondary Education (DESE) has set requirements for all educators to renew their professional licenses in a five-year cycle. At the start of each five-year cycle, educators develop a professional development plan in collaboration with their supervisors. This plan is called an Individual Professional Development Plan (IPDP). The educator must state his/her goals during the current cycle; 80% of the goals in an IPDP must align with existing school and system goals. The supervisor signs off the plan, thus indicating agreement with the goals.

From this point on, educators engage in professional development activities offered within or outside of the Public Schools of Brookline, with the supervisor's awareness and support. Planning for, engaging in, and keeping the records of professional development activities and PDPs are the responsibility of the educator. The IPDP form is available from the educator's supervisor, in the Contract, and on Brookline Professional Development website

<https://cfweb3.smartedu.net/brookline/pd/>

Log in (firstname\_lastname), then go to Settings

### **EDUCATORS WITH PRELIMINARY OR INITIAL LICENSES**

In order for an educator to move from an Initial to a Professional License, the DESE requires participation in an approved district first year Induction and Mentoring Program, as well as 50 hours of mentored professional development following the first year. Although educators who do not yet have a Professional License are not required to write an IPDP, there is an explicit understanding that they will work with their evaluators to set goals and to then engage in professional development that will enhance their professional knowledge and skills. See the Mentoring section in this Handbook for information about Brookline's mentor programs.

### **WHAT KINDS OF ACTIVITIES ARE CONSIDERED PROFESSIONAL DEVELOPMENT AND CAN COUNT FOR PDPs?**

Activities may involve content or pedagogy. Content is the "what" of learning while pedagogy is the "how" of learning. Some activities involve both.

The DESE has set categories in which educators may earn PDPs, and most of these categories have limits to the number of PDPs available. Descriptions of the categories, with examples, are on the DESE website:

<http://www.doe.mass.edu/recert/2000guidelines/sect2.html>

Of the 150 PDPs required to re-license in an educator's primary area, 90 PDPs must be in content.

The one category that has no PDP limit is "Educator Designed Activities." Educators are free to design their own activities with the agreement of their supervisors, and can earn PDPs for the work they have identified in the IPDP as necessary to their professional growth.

### **FACTS ABOUT PDPs**

You must earn 150 PDPs every five years to renew your primary license. You need an additional 30 PDPs for each additional, active license.

PDPs must be earned in groups of at least 10 PDPs on a topic.

While PD “providers” can register with the DESE and distribute PDP certificates, those certificates are only “good” if the content of the learning aligns with the goals in your IPDP, and is accompanied by documentation of what you learned and how you used what you learned.

You are responsible for your IPDP, including initiating a meeting with your supervisor to create the plan, and for initiating the four meetings during the five-year cycle required to review the IPDP with your supervisor and to obtain his/her signature.

You need to submit specifics about your PDPs if you receive an audit notice from the DESE. The DESE can request an audit at any time within the five years following your license renewal. You will have ten days to comply.

You have access to an IPDP template on the Brookline PD web site, and can keep track of your PDPs electronically there.

## **PROFESSIONAL DEVELOPMENT CHECKLIST**

***Use this checklist to be sure your learning will earn PDPs:***

1. Is the proposed learning consistent with your IPDP? Is your IPDP consistent with school and/or system goals?
2. Is your supervisor in agreement that this learning relates to the goals in your IPDP?
3. Have you recorded the time devoted to this activity, being sure that there have been at least ten hours devoted to each topic?
4. Have you produced a demonstration of learning in the form of lessons, assessments, and/or reflections?
5. Can you access all of this information easily in case of an audit?



3. List any system-wide groups or committees that you will participate in this year.

Indicate the DATES of any release days.

ACTIVITY

DATE


4. List any other school-year conferences, workshops, courses, etc. that you have definite plans to attend.

Indicate the DATES of any that will require a substitute.

ACTIVITY

DATE


5. List any summer conferences, workshops, courses, etc. that you have definite plans to attend.

ACTIVITY





DATE


**APPENDIX B:** Use this form to document your *Educator Designed* professional learning.

**Documenting an Educator Designed Activity**

<b>EDUCATOR DESIGNED ACTIVITY</b>  <b>DOCUMENTATION FORM</b>		Recertification option as reported from the Massachusetts Department of Education: Educators may earn PDPs through an educator designed professional development activity those results in a professional product.	
Requirement: The educator design activity must be related to system goals, school based/curriculum area based goals, and personal goals (at least one in each category).		1 PDP = per 1 hour of work on the Educator Designed Activity, including meetings; preparation for meetings (reading, preparing to present student or other work); creating new strategies and approaches; classroom time dedicated to the changed practice, especially if observed by others or documented in some way; assessment of the student work; and collecting and collaboratively analyzing data related to the impact of the changed practice on student learning. Group members can gain varying amounts of PDPs	
		<b>Total PDPs =</b>	
<b>SYSTEM GOALS</b>	<b>SCHOOL GOALS</b>	<b>PERSONAL GOALS</b>	
2 HR Meetings:		Extra hours:	
All Day Meetings:			
Group:	Facilitators:		
PARTICIPANTS in Group:			

Documentation should be attached to this form, for example:

-  Agendas/recording of hours and type of work that was engaged in
-  Copies of the student or educator work presented to colleagues for feedback
-  Evidence of completion of other learning tasks during the session
-  Personal reflections on what was learned, how the learning was applied (i.e., changes made in practice, revisions made in curriculum) and the impact or result.

**APPENDIX C:** Use this form to keep track of your professional development approvals for the State Department of Education. This form is in the Unit A and B Contracts, and is also on line on the PD web site. Log in, go to Settings, and then click on IPDP.

**Individual Professional Development Plan for Brookline Educators**

\_\_\_\_\_  
Name: Last First Middle Renewal Year

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Primary Area Certificate Number Prim

\_\_\_\_\_  
District School Grade Level(s) Subject(s)

Professional Development Points Required for Renewal of **Primary Area**

Total number of PDPs required in content

PDPs Required for Renewal of Secondary **Area**

My professional growth goals (please number):

**INITIAL REVIEW AND APPROVAL****DATE** \_\_\_\_\_

The signature below indicates that 80% of this educator's Individual Professional Development Plan is consistent with the educational needs of the school and/or district and is designed to enhance the ability of the educator to improve student learning.

\_\_\_\_\_  
Supervisor's Name (print)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature**FIRST TWO-YEAR REVIEW****DATE** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature**SECOND TWO-YEAR REVIEW****DATE** \_\_\_\_\_

The signature below indicates that this educator's Individual Professional Development Plan was reviewed.

*Please check one.*

\_\_\_\_\_ The Plan remains consistent with the educational needs of the school and/or district.

\_\_\_\_\_ The Plan was reviewed and amended.

\_\_\_\_\_  
Supervisor's Name (print)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature**FINAL ENDORSEMENT****DATE** \_\_\_\_\_

The signature below indicates the supervisor has reviewed this educator's Record of Professional Development Activities and the reported activities are consistent with the approved professional development plan.

\_\_\_\_\_  
Supervisor's Name (print)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature

**APPENDIX D:** Use this form to track your professional development for the State Department of Education.

**Record of Professional Development Activities for Primary Area**

Professional Development Activity	Professional Growth Goal (Goal Number)	Content PDPs	Other PDPs	Date Completed

Use additional copies of this form if necessary.

Name \_\_\_\_\_