School Administrative Unit 83 Professional Master Plan
FORM A (due every year by October 31st)
Individual Professional Development Goals Form for 20 to 20

Name: **Position/Grade:**
Certification(s) Held 1) **2)**
3) **4)**
Amendment to original Form B ☐ (Please check and attach to original Form A if approved)

Please check your option (see Form H—the "SAU 83 Individual Professional Development Planning Process" for the necessary forms to attach).

☐ **Option 1-Traditional Model** ☐ **Option 2-Action Plan Model**

☐ **Option 3- Portfolio Model** ☐ **Option 4-Combination**

MINIMUM RECERTIFICATION REQUIREMENTS

Seventy-five (75) clock hours are required. Thirty (30) clock hours must be applicable to each of the individual's endorsement area(s). The remaining forty-five (45) clock hours should be directly applicable to school/district goals available at the time the professional growth plan is being developed. Thirty (30) additional clock hours are required for each additional certification.

Para-educators need to complete a minimum of 50 clock hours in any of the major professional development components.

The individual professional development plan shall include two or more goals for improving student learning and be developed from:

a) The educator's self-assessment or reflection on competencies and the content are standards as well as individual educator evaluations and previous professional development plans
b) Analysis of student work; and/or student achievement data
c) A review of the Fremont School District Goals

The totality of your 3-year recertification plan needs to address all of the components listed below.

☑ Knowledge of Subject/Content Area ☑Knowledge of Learners and Learning
☑ Developmentally Appropriate Teaching Strategies ☑Professional Responsibilities and Obligations
☑ Reinforcement of the Fremont School District Goals ☑Increasing Student Achievement

For multiple certifications the individual professional plan shall address each area of certification**. ED 512**

Professional Development Goals (two or more):

1.
2.
3.
4.

Submit your completed form to your principal/supervisor for approval/review.

☐ **Plan Approved** ☐ **Plan Not Approved**

_____ _____
Supervisor/Principal Signature **Date**