

Professional Development Plan – Workplace Specialist

Name: _____ Program Area _____

Expiration Date of Existing Credential: _____ 20_____
(**Note:** Expiration date of existing license, not new license being requested)

NOTE: At least two of the following three areas must be addressed: technical, pedagogical, basic skill)
(See **Point Chart** for detailed information about qualifying activities and documentation requirements)

Additional objectives and activities may be listed on back of form.

Objectives: (More than three may be indicated, a minimum of two are required and at least one activity must address each objective.)

_____ 1)

_____ 2)

_____ 3)

Activities: (Maximum of 45 points in technical area unless all is in college credit.)

Indicate minimum number of points for each activity, total must be a minimum of 90 points.

_____ 1)

_____ 2)

_____ 3)

Completion Record

Note: (Appropriate documentation for each activity must be on file in director’s office and will be submitted to PDP representative upon completion of PDP)

Activity: _____ Date completed: _____ Hours/Credits Earned: _____

List additional activities on back or list all on an attachment and note attachment above

Approval	Date	Completion	Date
_____ (Teacher)	_____	_____ (Teacher)	_____
_____ (C & T Administrator)	_____	_____ (C & T Administrator)	_____
_____ (PDP Representative)	_____	_____ (PDP Representative)	_____

Copies must be retained by career and technical education director and workplace specialist teacher.

PLEASE TYPE OR WORD PROCESS – HANDWRITTEN DOCUMENTS WILL NOT BE ACCEPTED!