Hamilton County School District
Individual Professional Learning Plan
(required pursuant to 1012.98(4)(b)(5), F.S.
INSTRUCTIONAL STAFF

(Last Name)	*(First Name)*	*(Middle Initial)*
(School Site/Department)	*(Administrator)*	*(School Year)*

Certification

☐ I am in-field for my current teaching assignment(s).
☐ I am out-of-field for my current teaching assignment(s). To achieve in-field status, I plan to meet the specific criteria for my subject area & grade level. My plan to obtain in-field status is:

_____

ESOL Training Requirements

☐ I have met my ESOL training requirements.
☐ I am in the process of completing the ESOL training requirements for my current teaching assignment(s). I will comply with the requirements and timelines for completion based on the META Consent Decree.

First date listed as out-of-field _____
Date I began my courses: _____ Projected completion date: _____

Student Performance Data

Prior to participating in any professional learning activity, what is the previous year's baseline data of student needs?
Review all data from the previous year for current students. Review the Florida State Standards. Prioritize area(s) that need to be strengthened. Pick one area. Your statement should include % of mastery, the skill, and the type of assessment used for the baseline data.

_____
_____

Goal to Enhance/Improve Student Performance

What is your SMART (Specific, Measurable, Attainable, Results-Oriented, Time-Bound) goal that is aligned to baseline data?

By _____, _____ will show a _____ increase
(date) *(target group of students)* *(# or %)*
in _____ as evidenced by _____
(Content Area) *(Type of Assessment)*

Professional Learning

What do you need to learn that will impact your students' achievement?
Identify areas of professional learning below that will assist you in meeting your goal. These areas may align with the School Improvement Plan and/or individual need for professional learning.

_____
_____
_____

Professional Learning Courses

What is the focus of the course(s) you will attend to meet objective(s)?

☐ Assessment/Evaluation
☐ Planning & Preparation
☐ Technology
☐ Collaboration
☐ Classroom/Behavior Management
☐ Student Instructional Engagement
☐ Content Area Professional Learning _____
☐ Other _____

Teacher's Signature	*IPLP Initiation Date*	*Administrator's Signature*

Outcome(s): What was the impact of the professional learning on student achievement? Summarize data captured from the assessment instrument in the goal describing how professional learning impacted student achievement:

_____
_____

How do you intend to share what you learned from your IPLP Professional Learning? (Check all that apply.)

☐ Action Research ☐ Department, Grade Level or Team Meeting ☐ Professional Learning Community ☐ Other: _____

Teacher's Signature	*IPLP Final Review Date*	*Administrator's Signature*