

## Hamilton County School District Individual Leadership Development Plan

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

<b>ESOL Training Requirements</b>
<input type="checkbox"/> I have met my ESOL training requirements. <input type="checkbox"/> I am in the process of completing the ESOL training requirements for my current assignment(s). I will comply with the requirements and timelines for completion based on the META Consent Decree. Date I began my courses: _____ Projected completion date: _____

<b>Student Performance Data</b>
<p style="text-align: center;"><i>Prior to participating in any professional learning activity, what is the previous year's baseline data of student needs?</i></p> <p>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.</p> <p>_____</p> <p>_____</p>

<b>Goal to Enhance/Improve Student Performance</b>
<p style="text-align: center;"><i>What is your SMART (Specific, Measurable, Attainable, Results-Oriented, Time-Bound) goal that is aligned to baseline data?</i></p> <p>By _____, _____ will show a _____ increase  <small>(date) (target group of students) (# or %)</small></p> <p>in _____ as evidenced by _____  <small>(Content Area) (Type of Assessment)</small></p>

<p style="text-align: center;"><b>Professional Learning Objective</b></p> <p style="text-align: center;"><i>What do you need to learn that will impact your students' achievement?</i></p> <p>Write a statement identifying what is to be learned and how this will impact student achievement as stated in your goal. Your objective(s) should reflect the School Improvement Plan or your individual professional learning.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>Professional Learning Courses</b></p> <p style="text-align: center;"><i>What is the focus of the course(s) you will attend to meet objective(s)?</i></p> <p> <input type="checkbox"/> Institutional Growth and Development  <input type="checkbox"/> Applied Systems Science  <input type="checkbox"/> Institutional Climate  <input type="checkbox"/> Instructional Leadership  <input type="checkbox"/> Building and Site Management  <input type="checkbox"/> Core Concepts of Management  <input type="checkbox"/> Applied Protocol of Leadership  <input type="checkbox"/> Staff Development  <input type="checkbox"/> Other _____       </p>
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Administrator's Signature	ILDP Initiation Date	Administrator's Supervisor's Signature
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**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 ILDP Professional Learning? (Check all that apply.)**

- Action Research  
  Department, Grade Level or Team Meeting  
  Professional Learning Community  
  Other: \_\_\_\_\_

Administrator's Signature	ILDP Final Review Date	Administrator's Supervisor's Signature
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