Rutland City Standards Board

Individual Professional Development Plan

Name: _____, _____, _____
(last) (first) (middle)

Home Address: _____

Teaching Address: _____

School Building: _____
(majority of time)

Teaching Position: _____

Telephone Number: _____

Endorsements	License Level	Expiration Date of New License

Attach explanation of goals for professional development over the next licensing period and indicate how they relate to the five Standards for Vermont Educators. (Learning, Professional Knowledge, Colleagueship, Advocacy, and Accountability)

Local Board Action

Date Received: _____ Date Discussed and Acted On: _____

Comments: _____

Date Approved: _____ Chair Signature: _____

Amendments:

Date	Standard	Chair Signature

Please attach 2 copies of this form to goals.