**Adult Basic Education Individual Professional Development (PD) Plan**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Primary duties** |  |
| **Work site(s)** |  |

**Preparation: Looking at the Data**

*Please consider these questions before completing the grid on the next page.*

**My ABE PD Survey Results**

|  |  |
| --- | --- |
| **List the 3 challenges you mentioned in your PD survey** |  |
|  |
|  |

**My Consortium’s PD Goals**

What are my consortium’s PD goals?



**My Work**

|  |  |
| --- | --- |
| What are my work priorities in the upcoming year? |  |
| What am I already doing well with my current work? |  |

**Student Data**

|  |  |
| --- | --- |
| What does the data about students tell me (SiD “Level Gains with Post-Test Rates” Report, etc.)? |  |

**Additional Factors**

|  |  |
| --- | --- |
| What PD priorities do I have? |  |
| Any additional factors to consider in planning my own professional learning? |  |

**My Individual Professional Development Plan** Plan Time Period:

*Please refer to the PD needs and information collected on the previous page.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PD Goals** | **PD Activities and Resources** | | **Application** | **Evaluation** |
| What do I need to learn? (Please be detailed.) | How will I learn it? | When? | How do I hope to use or apply what I have learned? | How will I know I’ve learned it? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

ABE Staff Member Signature ABE Manager/Supervisor Signature Date