

# SAU # 9 INDIVIDUAL THREE-YEAR PROFESSIONAL DEVELOPMENT PLAN COVER PAGE

For Recertification cycle July 1 \_\_\_\_ to June 30, \_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Certification Area(s) \_\_\_\_\_ Certification Code(s) \_\_\_\_\_

### Summary of Certified Hours

		Goal 1	Goal 2	Supervisor Signature & Date	PD rep signature & Date (if applicable)
Year 1	April 15th				
Year 2	April 15th				
	Year 1 & 2 Total				
Year 3	April 15th				
<b>Grand Total # of Hours</b>					

**Total Required=            30 Hrs. 45 Hrs.**

- Educators should fill in shaded regions only and attach all documentation necessary for supervisor's approval.
- Supervisors should turn in only this cover page to the staff development building representative.

**Additional Endorsement:**

**Certification Area:** \_\_\_\_\_

**Certification Code:** \_\_\_\_\_

		Goal #	Supervisor Signature & Date	PD rep signature & Date (if applicable)
Year 1	April 15th			
Year 2	April 15th			
	Year 1 & 2 Total			
Year 3	April 15th			
<b>Grand Total # of Hours</b>				

**Additional Endorsement:**

**Certification Area:** \_\_\_\_\_

**Certification Code:** \_\_\_\_\_

		Goal #	Supervisor Signature & Date	PD rep signature & Date (if applicable)
Year 1	April 15th			
Year 2	April 15th			
	Year 1 & 2 Total			
Year 3	April 15th			
<b>Grand Total # of Hours</b>				

**Additional Endorsement:**

**Certification Area:** \_\_\_\_\_

**Certification Codes:** \_\_\_\_\_

		Goal #	Supervisor Signature & Date	PD rep signature & Date (if applicable)
Year 1	April 15th			
Year 2	April 15th			
	Year 1 & 2 Total			
Year 3	April 15th			
<b>Grand Total # of Hours</b>				

**IMPORTANT NOTE:** The educator is responsible for maintaining a complete file of all documentation during the multi-year recertification process, and for up to one year after recertification.

# SAU # 9 INDIVIDUAL THREE-YEAR PROFESSIONAL DEVELOPMENT PLAN YEAR 1

**GOAL 1: KNOWLEDGE OF SUBJECT FIELD/FIELD OF SPECIALIZATION:** Complete one page for each certification area. (Educator completes.)

**Requirement:** 30 hours over three years for each area of endorsement; ten hours per year per endorsement area are suggested. These hours must be related to your certification area AND also to improving student achievement.

**SOURCES OF EVIDENCE** (maximum of 4)  
(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.

Educator Name\_\_\_\_\_

Supervisor Signature\_\_\_\_\_

Date\_\_\_\_\_

# SAU #9 INDIVIDUAL THREE YEAR PROFESSIONAL DEVELOPMENT PLAN

## YEAR 1

**GOAL 2: KNOWLEDGE OF LEARNERS/LEARNING:** Complete one page for each certification area. (Educator completes)

**Requirement:** 45 hours over three years; 15 hours per year suggested. These hours must be related to school, department, or district student improvement goals and align with the Professional Education Requirements in Ed 505.07.

**SOURCES OF EVIDENCE** (maximum of 4)

(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.

Educator Name \_\_\_\_\_ Supervisor Signature \_\_\_\_\_  
 Date \_\_\_\_\_

# SAU # 9 INDIVIDUAL THREE-YEAR PROFESSIONAL DEVELOPMENT PLAN YEAR 2

**GOAL 1: KNOWLEDGE OF SUBJECT FIELD/FIELD OF SPECIALIZATION:** Complete one page for each certification area. (Educator completes.)

**Requirement:** 30 hours over three years for each area of endorsement; ten hours per year per endorsement area are suggested. These hours must be related to your certification area AND also to improving student achievement.

**SOURCES OF EVIDENCE** (maximum of 4)  
(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.

Educator Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

# SAU #9 INDIVIDUAL THREE YEAR PROFESSIONAL DEVELOPMENT PLAN

## YEAR 2

**GOAL 2: KNOWLEDGE OF LEARNERS/LEARNING:** Complete one page for each certification area. (Educator completes)

***Requirement:** 45 hours over three years; 15 hours per year suggested. These hours must be related to school, department, or district student improvement goals and align with the Professional Education Requirements in Ed 505.07.*

**SOURCES OF EVIDENCE** (maximum of 4)  
(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.  
 Educator Name \_\_\_\_\_ Supervisor Signature \_\_\_\_\_  
 Date \_\_\_\_\_

# SAU # 9 INDIVIDUAL THREE-YEAR PROFESSIONAL DEVELOPMENT PLAN YEAR 3

**GOAL 1: KNOWLEDGE OF SUBJECT FIELD/FIELD OF SPECIALIZATION:** Complete one page for each certification area. (Educator completes.)

***Requirement:** 30 hours over three years for each area of endorsement; ten hours per year per endorsement area are suggested. These hours must be related to your certification area AND also to improving student achievement.*

**SOURCES OF EVIDENCE** (maximum of 4)  
(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.

Educator Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

# SAU #9 INDIVIDUAL THREE YEAR PROFESSIONAL DEVELOPMENT PLAN

## YEAR 3

**GOAL 2: KNOWLEDGE OF LEARNERS/LEARNING:** Complete one page for each certification area. (Educator completes)

**Requirement:** 45 hours over three years; 15 hours per year suggested. These hours must be related to school, department, or district student improvement goals and align with the Professional Education Requirements in Ed 505.07.

**SOURCES OF EVIDENCE** (maximum of 4)  
(Educator completes) Be specific about measures and targets.

Strategy and Number	Pre-approval Signature & Date*	# of Hours	Date(s) of Activity	Date and Method Shared

\*Without pre-approval your hours may not be approved.  
 Educator Name \_\_\_\_\_ Supervisor Signature \_\_\_\_\_  
 Date \_\_\_\_\_