End of PDP Cycle Review Form

Professional Development Plan
Office of Human Resources and Development
45 West Gude Drive, Suite 2100, Rockville, Maryland 20850
MONTGOMERY COUNTY PUBLIC SCHOOLS

INSTRUCTIONS: To be completed by the teacher before the conference with the staff development teacher.

Name _____ Date _____

Position_____ School _____

Length of Professional Growth Cycle *(check one)* ☐ 3 year ☐ 4 year ☐ 5 year

Duration of Plan from_____/_____/_____ to _____/_____/_____ Year in Cycle _____

1. What have I accomplished?

2. What have I learned?

3. What new strategies have I used? What practices have I changed? What worked and what didn't?

4. What impact have these changes had on the students (share student work/performance/results). What data were used?

5. What are the appropriate next steps in my professional development to improve both the instruction I deliver and student learning and achievement?

Teacher Signature_____ Date _____

Staff Development Teacher Signature_____ Date _____

Date of Conference _____

Reviewed by Principal/Administrator Signature_____

Distribution: Copy 1—Principal   Copy 2—Staff Development Teacher   Copy 3—Resource Teacher/IRT (Secondary)   COPY 4—Teacher