

Individualized Professional Development Contract

Name: _____ . School: _____ .

Date of Application: _____ .

Title of Individualized Activity: _____ .

Detailed Description of Individualized Activity: _____

Stage of Development (Check appropriate level)

_____ **Orientation/Awareness** _____ **Preparation/Application**

_____ **Implementation/Management** _____ **Reflection/Impact**

Goals and Outcomes of Activity: _____

Describe direct linkage to Schools Consolidated Plan: _____

Hours of PD Credit Requested: _____ **PD Representative Initial:** _____

Hours of PD Credit Approved: _____ **PD Representative Initial:** _____

NOTE: Please attach time log of work and copies of any reports, surveys, studies, etc., at the time PD credit approval is requested.

Principal/Supervisor Approval: _____ **Date:** _____