Supporting Services Professional Development Plan (PDP)



Professional Growth System Office of Human Resources and Development

Rockville, Maryland 20855
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 425-53 November 2012 Page 1 of 2

Name	Employee Identification Number:		
Position	Work Location		
Timeframe for PDP: From	_ to		
Professional Development Goal(s) My professional development goal is to			
☐ Maintain and/or enhance competency (See www.montgomeryschoolsmd.org/depo	r ☐ Explore other career opportunitients. Explore other career opportunitients. Explore other career opportunitients. Explore other career opportunitients.	es in MCPS descriptions and required skills.)	
Core Competencies Check at least one core competency for your	PDP focus. Your choice(s) will guide you	ur PDP activities.	
☐ 1. Commitment to Students	☐ 4. Interpersonal	☐ 7. Problem Solving	
$\ \square$ 2. Knowledge of Job	☐ 5. Communication		
☐ 3. Professionalism	\square 6. Organization		
PDP Activities Discuss with your supervisor from the following	ng list one or more ways that your plan	to continue your professional growth.	
Options may include, but are not limited to, p	participation in the following:		
$\ \square$ Annual review of current job policies,	practices, and/or updates		
$\ \ \square$ Advisor, peer coach, or shadowing	☐ Meetings	☐ Meetings with supervisor	
☐ Apprenticeships or internships	☐ Meeting/	☐ Meeting/trainer presenter	
☐ Certificate/Degree program	☐ Networki	☐ Networking group	
☐ Committee or task force	☐ Portfolio	development	
☐ Extracurricular activities sponsor	☐ Reflection	ı log	
☐ Job-related book/article reading	☐ Staff deve	elopment opportunities	
☐ Language skills improvement	☐ Staff meeting attendance		
☐ License requirements	☐ Training development		
Please note: Some activities have minimun some choices may require supervisor appro		able to certain positions or work sites. In addition,	
My goal for this PDP is			
SIGNATURES: These signatures reflect share	ed understanding of the plan.		
		1 1	
Employee Name (Print)	Signature, Employee		
Supervisor/Administrator Name (Print)	Signature, Supervisor/Admini.	strator — —/——/—— Date	

PDP Review:		
What have I accomplished with my PDP?		
What have I learned?		
What do I need to continue to grow profession	ally?	
SIGNATURES: These signatures reflect comp	letion of the plan.	
Employee Name (Print)	Signature, Employee	/ Date
Supervisor/Administrator Name (Print)	Signature, Supervisor/Administrator	/
SUGGESTED TIMELINE:	<i>3</i> , , .	

JANUARY—JUNE

By June 15, evaluation year:

Employee has a 30-minute conference with supervisor and receives evaluation feedback for use in development of PDP.

By June 15 of professional development year 2:

PDP activities are completed, shared with supervisor and the PDP Review section is signed by employee and supervisor. A copy of the PDP is kept in the school/office file, supervisor file, and the original with the employee.

JULY—DECEMBER

By October 15 of professional development year 1:

Office of Human Resources and Development (OHRD) sends list of employees in their evaluation and professional growth years to supervisors.

By December 15 of professional development year 1:

PDP is written together with the employee and the supervisor and their signatures are placed on the document.