

**PROFESSIONAL DEVELOPMENT PLAN (PDP)  
Supporting Services Professional Growth System (SSPGS)**

Name:	Employee Identification Number:
Position:	Work Location:
Timeframe for PDP: From _____ to _____	

**PROFESSIONAL DEVELOPMENT GOAL(S)**

My professional development goal is to: (check all that apply)

Maintain and/or enhance competency

Explore other career opportunities in MCPS

*(See [www.montgomeryschoolsmd.org/departments/personnel/classification/](http://www.montgomeryschoolsmd.org/departments/personnel/classification/) for job descriptions and required skills.)*

**CORE COMPETENCIES**

Check at least one core competency for your PDP focus. Your choice(s) will guide your PDP activities.

1. Commitment to Students

5. Communication

2. Knowledge of Job

6. Organization

3. Professionalism

7. Problem Solving

4. Interpersonal

**PDP ACTIVITIES**

Discuss with your supervisor from the following list one or more ways that you plan to continue your professional growth.

Options may include, but are not limited to, participation in the following:

Annual review of current job policies, practices, and/or updates

Advisor, peer coach, or shadowing

Meetings with supervisor

Apprenticeships or internships

Meeting/training presenter

Certificate/Degree program

Networking group

Committee or task force

Portfolio development

Extracurricular activities sponsor

Reflection log

Job-related book/article reading

Staff development opportunities

Language skills improvement

Staff meeting attendance

License requirements

Training development

*Please note: Some activities have minimum requirements and/or may only be available to certain positions or work sites. In addition, some choices may require supervisor approval.*

**My goal for this PDP is**

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SIGNATURES: These signatures reflect shared understanding of the plan.

<b>Employee Name (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>Supervisor/Administrator Name (Print)</b>	<b>Signature</b>	<b>Date</b>

**PDP REVIEW:**

What have I accomplished with my PDP?

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What have I learned?

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What do I need to continue to grow professionally?

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**COMPLETION SIGNATURES:**

<b>Employee Name (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>Supervisor/Administrator Name (Print)</b>	<b>Signature</b>	<b>Date</b>

## **SUGGESTED TIMELINE:**

### **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.**