



Progress Check Point

Professional Development Plan
Office of Human Resources and Development
Rockville, Maryland 20855
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 425-36
December 2010

INSTRUCTIONS: To be completed by the 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's working?

2. What needs to be worked on?

3. Are there any changes to the PDP needed? If yes, what changes are needed?

4. What additional support do I need to implement the plan?

Next Review Date _____

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