

Professional Development Plan School Year _____

_____ School District

Date	Focus Area(s)	Building/District	Date(s)	Person(s) Responsible	Outcome/Monitor/Evaluation	Cost/Funding Source
Summer	▪ List names of trainings here	Name staff to attend	Dates of Training & location if not local	Name of Trainers	Expected Outcome, how you will monitor for effectiveness, or how you will evaluate if this training was successful	List amount and source of funding for each training
Fall	▪ ▪ ▪ ▪					
Winter	▪ ▪ ▪					
Spring	▪ ▪ ▪					