**Form E2: Vermilion Association for Special Education Specialist Professional Development Plan for Needs Improvement for the Specialist**

Teacher: Click here to enter text. Evaluator:Click here to enter text. School/Position:Click here to enter text.

Date of Performance Evaluation Rating (Summative): Click here to enter a date.

Date of PDP Implementation:Click here to enter a date. Date of PDP Conclusion: Click here to enter a date.

 **Required Areas for Improvement** (highlighted)

|  |  |
| --- | --- |
| **Conversation Components** | **Observable Components** |
| ***Domain 1*** ***Planning and Preparation*** | ***Domain 4*** ***Professional Responsibilities*** | ***Domain 2*** ***Classroom Environment***  | ***Domain 3*** ***Instruction***  |
|  |  4A. Reflecting on Teaching 4B. Maintaining Accurate Records 4C. Communicating with Families 4D. Participating in a Professional Community 4E. Growing and Developing Professionally 4F. Showing Professionalism |  |   |

 **Performance Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component** | **Directives for Improvement** | **Supports and Resources**(include activities, personnel, training, etc., needed to complete strategies) | **Measurement of Objectives** | **Progress Review** (Date) | **Component****Remediated****(Yes/No)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

The intent of this Professional Development Plan is to assist the teacher in improving performance to an overall rating of *Proficient* or better as designated by the State Statute.

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Evaluator Signature Date

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Teacher Signature Date