UNIFIED SCHOOL DISTRICT #273 Professional Development Plan Worksheet

Licensed Staff and Classified Staff Form

School Year: 2023-24 All points earned require PRE-APPROVAL (with the exception of district inservices and committee work) Employee's Name: Employee's Signature: Building/School: Assignment: Certificate Effective Date: Certificate Expiration Date: Highest Degree Earned: Date: Administrator's Signature: Date: PDC Chairperson's Signature: College hours earned 2023-2024 school year: Course Name: Course Name: Course Completion Date: Course Completion Date: No. Points: No. Points: No. Hour/s: No. Hour/s: College: College: DOCUMENTATION (grade card, transcript):

MUST BE SUBMITTED TO THE BOE OFFICE by the end of the school year for credit towards salary movement. Goals: 2 3 Total Points Page 2 Unified School District #273 Beloit Special Education Cooperative Total Points Page 3 Total Points Page 4 Total Points Page 5 College Hours College Points Grand Total Points - Relicensure Grand Total Points - Salary Movement

KNOWLEDGE LE	VEL - Salar	y Moveme	nt and/or R	elicensure)	
Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points
A.						
Verification:				•		
B.						
Verification:				•		
C.						
Verification:				•		
D.						
Verification:			•	2	-	
E.						
Verification:				•		
F.						
Verification:	•			<u> </u>	•	
G.						
Verification:	•			<u> </u>	•	
H.						
Verification:			<u> </u>	<u> </u>	•	
I.						
Verification:	-			<u> </u>	-	
J.						
Verification:				•		
K.						
Verification:						
L.						
Verification:						
M.						
Verification:					_	
N.						
Verification:			_	_	-	
O.						
Verification:					-	
Total	Points Page 2					

Activities Level 2: Application (Must Include proof of application)	Addresses Goal #	C, PE, SP	Date/s	Points
Α.				
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
В.				
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
C.				
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
D.				
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
Activities Level 3: Impact (Must include proof of impact)	Addresses Goal #	C, PE, SP	Date/s	Points
Α.				
Verification:				
Related Application Activity:		Date:	Points Awarded:	
Related Knowledge Activity:		Date:	Points Awarded:	
В.				
Verification:				
Related Application Activity:		Date:	Points Awarded:	
Related Knowledge Activity:		Date:	Points Awarded:	

			ıt the year) - 100 point	Jimax III o you	ii periou	
Name of Committee	Date/s	hours & mins to the nearset 10th of an hour	Name of Committee	Date	e/s	hours & mins to the nearset 10th of an hour
To	otal above points and tra	insfer below. Failur	e to total above points	by committee	below	
		WILL RESULT IN A I		_,		
ndividual Committee To	tals (totaled from above)					
Committee Name				Hou	rs	Points
	PROFESSIONAL ACT	IVITIES OR PRESEN	NTATIONS AT LOC. ST.	OR NTL LEV	EL:	
			re, 75 points max in 5-			
. Location:						pts. earned:
opic:				Pre-Approve	d:	
Outline of Presentation	(attach)			•		
ate of Presentation:	,					
	Convert min to 10ths lik	e above:	T .	Preparation	Time:	
udience:				opuiauon		
. Location:						pts. earned:
opic:				Pre-Approve	d:	pto. cameu.
	(attack)			rie-Approve	u.	
Outline of Presentation	attacn)					
ate of Presentation:	0			In	_	
	Convert min to 10ths lik	e above:		Preparation	Time:	
Audience:						
NDEPENDENT STUDY -	Licensed Staff Only		Independent Study	1		
5 points/max in 5-year		Preapproval	Description	Date	Hours	Points
	Total Points Page 4					

KNOWLEDGE LEVEL continued - Salary Movement and/or Relicensure							
Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points	
P.					1		
Verification:	•		•		•		
Q.							
Verification:	•		•	<u>.</u>	•		
R.							
Verification:	•		•	<u> </u>	•		
S.							
Verification:	•		•	<u> </u>	-		
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Verification:	•		•	<u> </u>	•		
U.							
Verification:	<u> </u>				<u> </u>		
V.							
Verification:	<u> </u>				<u> </u>		
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A A.							
Verification:	•				<u> </u>		
3B.					1		
/erification:	•				<u> </u>		
CC.							
/erification:					<u> </u>		
DD.							
/erification:					<u> </u>		
	Total Points Page 5						

College hou	rs earned 2023-2024	school year:				
Course Name	e:		Course Name	e:		
Course Completion Date:		Course Comp	Course Completion Date:			
No. Hour/s:		No. Points:	No. Hour/s:		No. Points:	
College:			College:			
Course Name	e:		Course Name	e:		
Course Comp	oletion Date:		Course Comp	oletion Date:		
No. Hour/s:		No. Points:	No. Hour/s:		No. Points:	
College:			College:			
Course Name	e:		Course Name	e:		
Course Completion Date:		Course Comp				
No. Hour/s:		No. Points:	No. Hour/s:		No. Points:	
College:			College:			
Course Name			Course Name			
Course Comp	oletion Date:		Course Comp	oletion Date:		
No. Hour/s:		No. Points:	No. Hour/s:		No. Points:	
College:			College:			
Course Name	e:		Course Name	e:		
Course Completion Date:		Course Comp	oletion Date:			
No. Hour/s:		No. Points:	No. Hour/s:		No. Points:	
College:			College:			
					College Hours	
					College Points	