



PROFESSIONAL DEVELOPMENT PLAN

Date _____ to _____

This Professional Development Plan (PDP) will be developed by you, the career technical education professional, with the agreement of your employer or supervisor and an approved Idaho State University or University of Idaho CTE teacher educator (when appropriate), as indicated by signatures below. Develop the plan prior to applying for initial certification, and update and submit it each time you apply for certificate renewal. File it with **Idaho Division of Career Technical Education (IDCTE)** educator certification, 650 W State St Ste 324, Boise, ID 83702-5936 or email it to certification@cte.idaho.gov.

Name:		EDUID Number:		
Home Address:		Home/Cell Phone:		
Work Address:		Work Phone:		
Current Position:				
Current Credential(s) Held: Currently applying for Limited Occupational Specialist.				
Credential(s) Sought: Seeking Standard or Advanced Occupational Specialist Certificate.				
Professional Development Plan Goal Statement: Within the three-year validity period of the Limited Occupational Specialist Certificate, engage in educator pedagogical training to qualify for Standard (SOS) or Advanced Occupational Specialist (AOS) Certificate.				
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Pre-Service Academy - Yr. One & Two	To be determined yearly	Summer 2021 & 2022		80
Module 1: Clsrm Mgmt & Lrn Environ	Online/College of Southern Idaho	Fall 2021 - required		45
Module 2: Clarity of Inst/Content Acc.	Online/College of Southern Idaho	Fall/Spring		45
Module 3: Professionalism	Online/College of Southern Idaho	Summer Only		45
Module 4: Engagement & Content App.	Online/College of Southern Idaho	Fall/Spring		45
Module 5: Success Lrng. by Students	Online/College of Southern Idaho	Fall/Spring		45
Module 6: ID CTE Secondary Practice	Online/College of Southern Idaho	Fall/Spring/Summer		45
Local Supervisor: Printed Name		Title/Institution: For Local Supervisor		
Local Supervisor's Signature		Date		
Applicant's Signature		Date		
Revisions to this professional development plan can be made at any time. Make note of changes on this sheet and send a copy to the director for IDCTE educator certification at the address noted in the directions above.				
Received by ICTE Certification Office, on Date:				