

District		
NEW MEXICO PRINCIPAL	PROFESSIONAL DEVELOPMENT PLAN	
District:		
Princinal's Name		
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Principal's Signature:		
Supervisor's Name:		
Supervisor's Signature:		
School:		
School Year:		
Vegrs of Evnerience.		
rears of Experience.		
Date of PDP Development: (Within 40 days of Principal commencing his or her		
contract)		
Dates of Site Visits: (1):		
Dates of Site Visits: (2):		

Dates of Site Visits: (Other):

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District		

## NEW MEXICO PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

Competencies/Indicators Focus Area(s)	NM DASH Goal Focus Area(s)

Action Plan (describe the action(s) planned to meet the objective chosen)	Assistance to be provided by Supervisor	Timeline	Evidence of PDP Implementation

Form B

District	
NEW MEXICO PRINCIPAL PI	ROFESSIONAL DEVELOPMENT PLAN
Mid Year Review	
The Professional Development Plan	has been reviewed, discussed, and refined as appropriate.
Principal's Name:	
Principal's Signature:	
Date:	
Supervisor's Name	
Supervisor's Signature	
Date:	

Submitted at the end of the school year with Summative Evaluation – Form D

Copies to: Principal, Personnel File, Supervisor