



District _____

NEW MEXICO PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

District: _____

Principal's Name: _____

Principal's Signature: _____

Supervisor's Name: _____

Supervisor's Signature: _____

School: _____

School Year: _____

Years 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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Competencies/Indicators Focus Area(s)		EPSS 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



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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