

**Southeastern California Conference of Seventh-day Adventists
Office of Education**

Professional Development Plan

Teacher's Name: _____

School Year: _____

Professional development goal(s):

Professional development activities:

How can you be supported to accomplish goal(s):

How does this goal (these goals) contribute to your classroom and student learning?

Teacher's Signature: _____ Date: _____

Supervisor's Signature _____ Date: _____