



CESA 6 Instructional Services and the Educator Licensing Department present:

# Professional Development Plan— PDP Individualized Coaching Workshop

**Wednesday, January 21, 2015 • 9:00 a.m. - 3:00 p.m.**

**Candie Lehto, Educational Consultant**

### Description

This workshop will be personalized for each individual that attends it. There will be time spent on "What is a PDP," but also individual coaching to meet everyone's needs at their place within the process. The goal is to get your PDP written -- either the goal approval portion or the whole PDP. Whatever stage you are at, please join us.

### PDP Writing Component:

This component of the combined workshop is specifically designed for Initial Educators who have finished Year 1 and will be in Year 2 of their licensure cycle. Initial Educators will be guided through a process in order to produce a Professional Development Plan (PDP) that can lead to Educator Goal approval. This workshop meets Wisconsin Teacher Standard: 9—Reflection on Professional Practice. *This component of the PDP Workshop is for Initial Educators who have finished Year 1 and now will be in Year 2 of their licensure cycle.*

### PDP Goal Writing / Approval Component:

One effective strategy for teacher goal setting with regard to professional development is the setting of SMART goals. These goals are designed to be actionable and measurable. SMART stands for Specific, Measurable, Achievable, Results orientated and relevant and Time bound. Designing goals around these concepts and measuring your goals through these qualifications makes them viable. SMART goals are the backbone of any PDP.

### PDP Verification Component:

This component of the combined workshop will assist educators who are nearing the end of the PDP cycle. We will focus on writing Steps IV A and B, reflection and summary. We will assist you with making decisions on required evidence so that your plan will be ready for submission to a PDP Team for final verification. *This component of the PDP Workshop is for Initial Educators who have had their goal(s) approved and are finishing up their Professional Development Plan with the Final Verification.*

### For additional information contact:

Eric Larsen, Coordinator of School Accountability  
elarsen@cesa6.org / 920-236-0529



### Registration Details

- **Date:** January 21, 2015
- **Registration Fee:**
  - ✓ \$150 per participant
  - ✓ Fee includes materials & lunch
- **Time:** 9:00 a.m.—3:00 p.m.
- **Onsite check-in:** 8:30—9:00a.m.
- **Location:** CESA 6 Conference Center  
SMART Thinking Room  
2300 State Road 44  
Oshkosh WI 54903
- **Registration Deadline:**  
January 13, 2015
- **Online registration:**  
[http://login.myquickreg.com/event/event.cfm?eventid=10955&from\\_cms=1](http://login.myquickreg.com/event/event.cfm?eventid=10955&from_cms=1)

**Cancellation Policy:** Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Attendance is limited so persons registering and not in attendance will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

### PDP Combined Workshop—January 21, 2015; 9:00 a.m.—3:00 p.m. CESA 6 Conference Center, Oshkosh; SMART Thinking Room

Participant Name(s) \_\_\_\_\_

Position(s) \_\_\_\_\_ District \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Would you like to be notified by email of future CESA 6 training sessions?  Yes  No

Email Address \_\_\_\_\_ Special accommodations or dietary needs \_\_\_\_\_

**To Register:** Go to [http://www.cesa6.k12.wi.us/prof\\_dev/](http://www.cesa6.k12.wi.us/prof_dev/) or send completed form to:  
**Amy Ruppert, Program Assistant**  
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478

- Please check one:
- Check is enclosed, made payable to CESA 6
  - Bill my School District, PO # \_\_\_\_\_
  - Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
  - Credit Card Payment

Cardholder Name \_\_\_\_\_

Cardholder Address (include city, state ZIP) \_\_\_\_\_

Credit Card Type (VISA, MasterCard, etc.) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_