



CESA 6 Instructional Services and the Educator Licensing Department present:

Your PDP— Professional Development Plan Writing Workshop

Saturday, May 30, 2015 • 9:00 a.m. - 3:00 p.m.

Candie Lehto, Educator Support 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, relevant and realistic 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.*

Additional information:

Contact Eric Larsen, CESA 6 Coordinator of School Accountability
elarsen@cesa6.org / 920-236-0529



Registration Details

- **Date:** Saturday, May 30, 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
2300 State Road 44
Oshkosh WI 54903
- **Registration deadline:**
Friday, May 22, 2015
- **Online registration:**
[http://login.myquickreg.com/event/
event.cfm?eventid=11956&from_cms=1](http://login.myquickreg.com/event/event.cfm?eventid=11956&from_cms=1)

Cancellation Policy: Any registration cancellation must be received at least 48 business 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 Writing and Verification Workshop

May 30, 2015; 9:00 a.m.—3:00 p.m.

CESA 6 Conference Center, Oshkosh

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/ or send completed form to:

CESA 6, 2935 Universal Court, Oshkosh, WI 54904 or Fax: 920-424-3478

Attention: Amy Ruppert, Program Assistant

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 _____