

**UNIFIED SCHOOL DISTRICT #273
Professional Development Plan Worksheet**

Licensed Staff and Classified Staff Form

School Year: 2024-25

All points earned require PRE-APPROVAL (with the exception of district inservices and committee work)

Employee's Name: _____ Employee's Signature: _____

Building/School: _____

Assignment: _____

Certificate Effective Date: _____ Certificate Expiration Date: _____

Highest Degree Earned: _____

Date: _____
Administrator's Signature: _____

Date: _____
PDC Chairperson's Signature: _____

College hours earned 2024-2025 school year:

Course Name: _____	Course Name: _____
Course Completion Date: _____	Course Completion Date: _____
No. Hour/s: _____ No. Points: 0	No. Hour/s: _____ No. Points: 0
College: _____	College: _____

**DOCUMENTATION (grade card, transcript):
MUST BE SUBMITTED TO THE BOE OFFICE by the end of the school year
for credit towards salary movement.**

Goals:

1	_____
2	_____
3	_____
4	_____
5	_____

Unified School District #273
Beloit Special Education Cooperative

Total Points Page 2	_____	0
Total Points Page 3	_____	0
Total Points Page 4	_____	0
Total Points Page 5	_____	0
College Hours	_____	0
College Points	_____	0

Grand Total Points - **Relicensure** 0

Grand Total Points - **Salary Movement** 0

KNOWLEDGE LEVEL - Salary Movement and/or Relicensure

Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points
A.						0
Verification:						
B.						0
Verification:						
C.						0
Verification:						
D.						0
Verification:						
E.						0
Verification:						
F.						0
Verification:						
G.						0
Verification:						
H.						0
Verification:						
I.						0
Verification:						
J.						0
Verification:						
K.						0
Verification:						
L.						0
Verification:						
M.						0
Verification:						
N.						0
Verification:						
O.						0
Verification:						
Total Points Page 2						0

APPLICATION LEVELS 2 & 3 - Relicensure for Licensed Staff or State Required hours for Paras Only

Activities Level 2: Application <small>(Must include proof of application)</small>	Addresses Goal #	C, PE, SP	Date/s	Points
A.				0
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
B.				0
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
C.				0
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
D.				0
Verification:				
Related Knowledge Activity:		Date:	Points Awarded:	
Total Points Page 3				
				0

Activities Level 3: Impact <small>(Must include proof of impact)</small>	Addresses Goal #	C, PE, SP	Date/s	Points
A.				0
Verification:				
Related Application Activity:		Date:	Points Awarded:	
Related Knowledge Activity:		Date:	Points Awarded:	
B.				0
Verification:				
Related Application Activity:		Date:	Points Awarded:	
Related Knowledge Activity:		Date:	Points Awarded:	
Total Points Page 3				
				0

KNOWLEDGE LEVEL *continued* - Salary Movement and/or Relicensure

Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points
P.						0
Verification:						
Q.						0
Verification:						
R.						0
Verification:						
S.						0
Verification:						
T.						0
Verification:						
U.						0
Verification:						
V.						0
Verification:						
W.						0
Verification:						
X.						0
Verification:						
Y.						0
Verification:						
Z.						0
Verification:						
AA.						0
Verification:						
BB.						0
Verification:						
CC.						0
Verification:						
DD.						0
Verification:						
Total Points Page 5						0

College hours earned 2024-2025 school year:													
Course Name:					Course Name:								
Course Completion Date:					Course Completion Date:								
No. Hour/s:		No. Points:			0		No. Hour/s:		No. Points:			0	
College:					College:								
Course Name:					Course Name:								
Course Completion Date:					Course Completion Date:								
No. Hour/s:		No. Points:			0		No. Hour/s:		No. Points:			0	
College:					College:								
Course Name:					Course Name:								
Course Completion Date:					Course Completion Date:								
No. Hour/s:		No. Points:			0		No. Hour/s:		No. Points:			0	
College:					College:								
Course Name:					Course Name:								
Course Completion Date:					Course Completion Date:								
No. Hour/s:		No. Points:			0		No. Hour/s:		No. Points:			0	
College:					College:								
								College Hours		0			
								College Points		0			