

Parent Mentor Professional Development Plan

July 2011 – June 2012

Parent Mentor Name: _____

Signature _____

District Rep. Name: _____

Signature _____

Date Written: _____

Project Site Name: _____

(Please have the site name match your grant application)

Office Address: _____

City: _____ Zip: _____

Email: _____

Office Phone: (____) _____

Fax: (____) _____

Home Address: _____

City: _____

Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

To be completed by OCECD

Accepted: Yes _____ No _____

Signatures: Yes _____ No _____

Core Hours (16.25) 10/25/11 _____

10/26/11 _____ 04/2012 _____

Supplemental Hours (6-21) _____

Documentation Complete: Yes _____ No _____

Completed: Yes _____ No _____

OCECD Signature:

Review Date

Review Date

Review Date

C completed Date

Please be sure to address each part of each section.

Please visit the Self Evaluation if you have not already done so. This is the same self eval from last year.

<http://www.surveymonkey.com/s/NGTVRG3>

05/05 (revised 9/2011)

❖ Identify what you consider to be three personal strengths and areas of proficiency.

1.

2.

3.

❖ Needs identification, goal setting, and methods planned to accomplish selected goals.

Directions: Please list 3 needs. Please select 3 goals. The goals should address the needs you have listed. For each goal, list the method you will use to accomplish your goal. List any funds, resources, etc. that you may need to complete your professional development plan. Below is a brief description of each step.

- **Needs:** Identify what you consider to be three needs or concerns you wish to address as part of your own personal professional growth. State how you will address these as part of your goal statement below.
- **Goal Statements:** State in *measurable* terms, the outcomes you plan to achieve in terms of professional and/or organizational goals. One goal should relate to your supplemental hours. Professional goals may include improvement in skills (communication, conflict management, etc.) education (IDEA, IEP's, transition, etc.). You may also include personal goals such as organization or leadership.
- **Methods of Accomplishing Goals:** Describe the activities you plan to pursue to accomplish your goals. These may include training, conferences, workshops, work portfolio, etc.

Need 1:

Goal 1:

Method 1:

Goal Completed (by PM): Yes **Date:** _____

Documentation:

Need 2:

Goal 2:

Method 2:

Goal Completed (by PM): Yes **Date:** _____

Documentation:

Need 3:

Goal 3:

Method 3:

Goal Completed (by PM): Yes **Date:** _____

Documentation:

❖ **Budget/Funding**

List any and all monetary resources required to accomplish your goals. Please remember it is *your responsibility* to obtain any needed funding.

❖ **Other Resources**

List anything other than monetary resources, such as people, organizations, etc. necessary to accomplish your goals.

