

Parent Mentor Professional Development Plan

July 2014 – June 2015

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: (_____) _____

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 2010 but still very important and relevant to your parent mentor job.

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

(Revised 8/2014)

To be completed by OCECD	
Accepted: Yes _____	No _____
Both Signatures: Yes _____	No _____
Core Hours (15.50)	10/21/14 _____
10/22/14 _____	04/15/15 _____
Supplemental Hours (6-21)	_____
Documentation Complete: Yes _____	
Completed: Yes _____	
OCECD Signature:	

_____	_____
Review Date	Review Date
_____	_____
Review Date	Completed Date

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

1.

2.

3.

Need 1:

Goal 1:

Method 1:

PM Marks When Goal Completed: Yes **Date:** _____

Need 2:

Goal 2:

Method 2:

PM Marks When Goal Completed: Yes Date: _____

Need 3:

Goal 3:

Method 3:

PM Marks When Goal Completed: Yes **Date:** _____

ALL INSTRUCTIONS ARE ON THIS PAGE

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.

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.