

**Manchester School District
INDIVIDUAL 3 YEAR DEVELOPMENT PLAN – Completion Summary and Approval**

Name: _____ School: _____ Current Position: _____

License # _____ Certification Cycle: Red White Blue Certification expiration date: June 30, 20 _____

Certification areas(s) being renewed: 1. _____ 2. _____ 3. _____

Certifications area(s) being dropped, if any: _____

Check the Option used during the certification cycle and attach the indicated forms:

Option 1

Form 3 – Approved Individual 3 Year Professional Development Plan
Form 4 – Documentation of Professional Growth Log

Option 3

Form 3 – Approved Individual 3 Year Professional Development Plan
Form 4 – Documentation of Professional Growth Log
Form 7 – Evidence Based Portfolio Assessment

Complete the following for Option 1 and Option 3 ONLY

_____ **Total CEUs under Certification #1 (minimum of 30)**

_____ Total CEUs under Certification #2 (minimum of 30, if applicable)

_____ Total CEUs under Certification #3 (minimum of 30, if applicable)

_____ **Total CEUs under Learners & Learning and Strategies & Best Practices (minimum of 45)**

_____ **Grand total of CEUs**

Educators with ONE (1) area of certification – minimum 75 CEUs
Educators with TWO (2) areas of certification – minimum 105 CEUs
Educators with THREE (3) areas of certification – minimum 135 CEUs

Option 2

Form 3 – Approved Individual 3 Year Professional Development Plan
Form 7 – Evidence Based Portfolio Assessment

The undersigned certify that _____ has satisfied recertification requirements for the certification year ending June 30, 20____ through one of the above listed options.

Educator’s Signature Date Principal or Principal Designee’s Signature Date

Director of Professional Development’s Signature Date Superintendent’s Signature Date

Form 8 – Due to PDC by March 31 of Year 3 in certification cycle
Reference – Section 10, Review Plan Evidence and Approval of Plan