

Glassboro Public Schools

Professional Development Plan
2025-2026



| District Name | School Name | Date |
|-----------------|-----------------------------------|---|
| Glassboro | | September 2025 |
| Teacher Name | Assignment/Department/Grade Level | Rating & Date of Most Recent Summative Evaluation |
| | | |
| Supervisor Name | Principal Name (if different) | Plan Begin/End Dates |
| | | 9/1/25-6/30/26 |

I. Areas Identified for Development of Professional Practice

| No. | Areas Identified for Development | Rationale/Sources of Evidence |
|-----|--|--|
| 1 | Improve Tier I instruction to increase student achievement and decrease discipline referrals. | <ul style="list-style-type: none">Standardized test data indicates that special education students and minority students demonstrate lower growth and lower achievement than other subgroups.Data reflected in the Annual State Performance Report highlighted similar disparities in achievement, performance, and discipline.Quantitative data reveals that students are deficient in a variety of skills, with no main area of weakness emerging. This, combined with teacher burnout in addressing an increasing number of student needs, has led the NJTSS Committee to provide actionable strategies and helpful materials to enhance instruction. |
| 2 | **Building Level Area of Focus** Should reflect needs by building and will vary according to how each SLT and ScIP develop | |

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| | | |
|---|--|--|
| 3 | **Individual Professional Area of Focus** Should reflect areas as noted in observations or areas you wish to professionally explore. | |
|---|--|--|

II. Professional Learning Goals and Activities

| Area No. | Professional Learning Goals | Initial Activities | Follow-up Activities (as appropriate) | Estimated Hours | Completion Date |
|----------|--|--|--|-----------------|-----------------|
| 1 | By June 2026, reduce the number of students in need of Tier II and Tier III interventions. By June 2026, reduce the number of Tier I and Tier II discipline infractions at each building by improving Tier I instruction. | <ul style="list-style-type: none"> • Revision and unification of NJTSS framework at the district level. • Teaching with PRIDE framework • Leading with PRIDE initiative • Deployment of BSI Coach • Increased staff-led PD opportunities • Data Warehousing platform in PowerSchool • Targeted Walkthrough Evaluation | Follow-up activities will be provided by administration throughout the year. | Minimum 40 | 6/30/26 |
| | | | | | |
| 2 | | | Activities, including PLCs, will be provided by administration throughout the year | 40 | 6/30/26 |
| | | | | | |
| 3 | | | | | 6/30/26 |

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III. District and School PDP Support

District/School Administrator Support Activities

- Annual Dyslexia Training "Understanding Dyslexia" NJAC 6A:16
- Affirmative Action, Non Discrimination, Equity NJAC 6A: 16-7-1.6
- Americans with Disabilities Act of 1990 NJAC 6A:14-1.1 NJAC 6A:16
- Harassment, Intimidation, and Bullying NJAC 6A:16-7.1, 7, 7.9(d)
- Suicide Awareness NJAC 6A:16
- Reporting Potentially Missing or Abused Children NJAC 6A:16-11
- Bloodborne Pathogens and Emergency Auto-Injector
- Family Educational Rights and Privacy Act (FERPA) NJAC 6A:32-7.1

My signature below indicates that I have received a copy of this Professional Development Plan and that I understand and contributed to its contents.

Teacher Signature: _____ Date: _____

Supervisor Signature: _____ Title: _____ Date: _____

IV. PDP Progress Summary

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Interim Review of PDP Progress **(This should be completed by building administrator as needed)**

| Area No. | Demonstrated Progress | Sources of Evidence | PDP Revisions (if applicable) | Review Date |
|----------|-----------------------|---------------------|-------------------------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

My signature below indicates that I have reviewed the information recorded in the Interim Review of PDP Progress and that I understand its contents:

Staff Member's Signature: _____

Date: _____

Summative Review of PDP Progress **(required)**

| Area No. | Professional Learning Goals | Expectations Met (Y) or Not Met (N) | Sources of Evidence | Summative Review Date |
|----------|-----------------------------|-------------------------------------|---------------------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

My signature below indicates that I have reviewed the information recorded in the Summative Review of PDP Progress and that I understand its contents:

Staff Member's Signature: _____

Date: _____