

HAWAII QUALIFIED PROFESSIONAL DEVELOPMENT PLAN

DEPARTMENT OF EDUCATION Office of Talent Management EQ Section

P.O. Box 2360 Honolulu, HI 96804

Teachers of academic subjects who have not yet been designated Hawaii Qualified (HQ) may submit a Professional Development Plan (PDP) to their principal for approval. This plan, developed jointly by the teacher and principal, outlines the steps that will lead to attainment of the HQ designation. HQ PDPs are optional; however, completion of a plan is recommended, especially for those teachers seeking reimbursement for professional development activities that will enable them to meet HQ requirements.

I. EMPLOYEE INFORMATION					
Nam	ne: Employee ID:				
TD 111	Last First M.I.				
Tel#:	Email: School/Office:				
II. HQ DESIGNATION INFORMATION					
Chec	ck the grade span for which HQ designation is sought: PK-3 K-6 6-8 6-12	☐ K-12			
Are y	Are you currently <u>licensed</u> in Hawaii to teach at these grade levels? Yes No, contact HTSB for licensing requirements and complete this form.				
Chec	Check ONE (1) subject in which you are currently assigned but not yet Highly Qualified:				
	Art Mathematics CTE: Other: Other: Foreign Language:				
	English Science Social Studies:				
III. PROFESSIONAL DEVELOPMENT PLAN					
1. The PDP must be focused on an academic subject to which the teacher is currently assigned, but not yet HQ. The plan must include quarterly activities throughout the school year that will result in substantial progress toward becoming HQ.					
Quarter	Planned Activities (This plan must include detailed activities such as workshop titles and dates, Praxis test codes and dates, etc. in each quarter of the school year)	Requested Funding			
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Q1: Aug - Oct Quarter	Planned Activities (This plan must include detailed activities such as workshop titles and dates, Praxis test codes and dates, etc. in each quarter of the school year)	_			
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- Jan Q1: Aug - Oct	Planned Activities (This plan must include detailed activities such as workshop titles and dates, Praxis test codes and dates, etc. in each quarter of the school year)	_			
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Q3: Feb - Apr				
Q3: F				
Ξ				
Q4: May - Jul				
Q4:				
	Approximate Total Cost of Activities			
2. Identify resources to be provided by the school or complex area to support the plan.				
3. How will the above activities, taken together, result in meeting the ESSA Hawaii Qualified Teacher designation?				
	5. How will the above derivines, taken together, result in meeting the ESSA Hawaii Qualified Tederler designation.			
IV. EMPLOYEE AND PRINCIPAL CERTIFICATION				
<u>Teacher</u> : I agree to carry out the activities as described herein and I agree to retain copies of all documentation related to ESSA HQT designation for future reference by the Hawaii Department of Education. I understand that misrepresentation or falsification of information supplied on this form may result in sanctions including disciplinary action up to and including termination from employment.				
Teac	her Signature: Date:			
MM/DD/YYYY				
<u>Principal</u> : VERIFICATION BY SCHOOL OFFICIAL: I certify that I have reviewed and approved the Plan, activities, and requested funding contained within and will monitor progress.				
Princ	cipal Signature: Date:			
	MM/DD/YYYY			