

NEW MEXICO TEACHER PERFORMANCE
QUEMADO ISD #2
REFLECTION ON ANNUAL PROFESSIONAL DEVELOPMENT PLAN (PDP)

Name of Teacher _____ Date _____
Grade/Assignment _____ Level of License _____
Name of Administrator _____ School Campus _____

Teacher Reflection: Provide a written comment on your PDP, including a description of student achievement and learning growth.

Administrator Feedback (optional):

Yes _____ No _____ Professional Development Plan completed
Yes _____ No _____ Teacher meets highly qualified requirements for teaching assignment

Administrator

Teacher

Copies to: Staff Member, Personnel File, Administrator/Supervisor