Professional Development Plan (Required)

| School Year: | |
|--------------|------------------------|
| Name: | Position/Subject Area: |
| School: | |

NC School-Based Occupational Therapy Standards

| 1. | Demonstrate leadership, advocacy, and | Standard(s) to be addressed: |
|----|---|------------------------------|
| | collaborative and ethical practice. | |
| 2. | Promote a respectful environment for | |
| | diverse populations. | Elements to be addressed: |
| 3. | Apply the skills and knowledge of their | |
| | profession within educational settings. | |
| 4. | Facilitate student learning for optimal | |
| | student performance and functional | |
| | independence. | |
| 5. | Use all available data to examine their | |
| | effectiveness and to adapt and improve | |
| | professional practice. | |
| | | |

School-Based Occupational Therapist's Strategies

| | putional incrupise | | | |
|-----------|--------------------|-------------------|------------------|----------|
| Goals for | Activities/Actions | Expected Outcomes | Resources Needed | Timeline |
| Elements | | and Evidence of | | |
| | | Completion | | |
| Goal 1: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Goal 2: | | | | |
| | | | | |
| | | | | |
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| Goal 3: | | | | |
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| | | | | |

School-Based Occupational Therapist's Signature: ______ Date: _____

Administrator's Signature:

Date: _____

Professional Development Plan – Mid-Year Review (Required)

To be completed by (date)

| Occupational Therapist | Academic Year: |
|------------------------|----------------|
|------------------------|----------------|

Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced

Narrative

| School-Based Occupational Therapist's | Administrator's Comments: | |
|---------------------------------------|---------------------------------------|--|
| Comments: | | |
| | | |
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| | | |
| School-Based Occupational Therapist's | Administrator's Signature: | |
| Signature: | e e e e e e e e e e e e e e e e e e e | |
| | | |
| | | |
| | | |
| Date: | Date: | |

Professional Development Plan – End-of-Year Review (Required)

To be completed by (date) _____

School-Based Occupational Therapist ______Academic Year:_____

Evidence of Progress Toward Specific Standards or Elements to be addressed/Enhanced

| Goal 1 was successfully completed. | Yes □ | No 🗆 |
|------------------------------------|-------|------|
| Goal 2 was successfully completed. | Yes □ | No 🗆 |
| Goal 3 was successfully completed. | Yes □ | No |

Narrative

| School-Based Occupational Therapist's Comments: | Administrator's Comments: |
|---|----------------------------|
| School-Based Occupational Therapist's Signature: | Administrator's Signature: |
| Date: | Date: |