

## Professional Development Plan (Required)

School Year: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

### NC Professional School-Based Physical Therapy Professional Standards

|   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Demonstrates leadership.</li> <li>2. Establish a safe, inclusive and respectful environment for a diverse population of students.</li> <li>3. Understands and implements educationally relevant pediatric physical therapy.</li> <li>4. Support learning by practicing educationally relevant physical therapy to facilitate student participation and access in the least restrictive learning environment.</li> <li>5. Reflect on their current practice and demonstrate an increasing knowledge base, life-long learning, and professional development.</li> </ol> | <p>Standard(s) to be addressed:</p><br><br><br><br><p>Elements to be addressed:</p> |
|---|---|

### School-Based Physical Therapist’s Strategies

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

School-Based Physical Therapist’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Therapy Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Professional Development Plan – Mid-Year Review

To be completed by (date) \_\_\_\_\_

School-Based Physical Therapist \_\_\_\_\_ Academic Year: \_\_\_\_\_

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

|  |
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|  |
|--|

### Narrative

|   |   |
|---|---|
| <b>School-Based Physical Therapist's Comments:</b>                      | <b>Physical Therapy Supervisor's Comments:</b>                      |
| <b>School-Based Physical Therapist's Signature:</b><br><br><b>Date:</b> | <b>Physical Therapy Supervisor's Signature:</b><br><br><b>Date:</b> |

**Professional Development Plan – End-of-Year Review**

To be completed by (date) \_\_\_\_\_

School-Based Physical Therapist \_\_\_\_\_ Academic Year: \_\_\_\_\_

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

|  |
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|   |
|---|
| Goal 1 was successfully completed. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Goal 2 was successfully completed. Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Narrative**

|   |   |
|---|---|
| School-Based Physical Therapist's Comments:                             | Physical Therapy Supervisor's Comments:                             |
| <b>School-Based Physical Therapist's Signature:</b><br><br><b>Date:</b> | <b>Physical Therapy Supervisor's Signature:</b><br><br><b>Date:</b> |