

Professional Development Plan (Required)

School Year: _____

Name: _____ Position: _____

School: _____

NC Professional School-Based Physical Therapy Professional Standards

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

School-Based Physical Therapist's Comments:	Physical Therapy Supervisor's Comments:
School-Based Physical Therapist's Signature: Date:	Physical Therapy Supervisor's Signature: Date:

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:
School-Based Physical Therapist's Signature: Date:	Physical Therapy Supervisor's Signature: Date: