State of Iowa Adult Education and Literacy

Individual Professional Development Plan

Instructor: _____   AEL Provider: _____   AEL Program: ABE ☐   ESL ☐

Instructions: Complete the below "State of Iowa Adult Education and Literacy Individual Professional Development Plan" form for all state of Iowa Adult Education and Literacy (AEL) Instructors.

Iowa Administrative Code Chapter 32 outlines the responsibilities of Adult Education and Literacy (AEL) programs to assist an instructor development. These are further detailed in the AEL Instructor Standards. Adult education and literacy programs shall develop and maintain a plan for hiring and developing quality professional staff that includes "continuing professional development for professional staff" and "specific activities to ensure that professional staff attain and demonstrate instructional competencies and knowledge in related adult education and literacy fields."

During the **Self-Assessment**, AEL Instructors will have established up to four (4) personal and professional goals which are to be integrated into their **Individual Professional Development Plans.**

All Professional Development activities **must** align with at least one of the standards of High Quality Professional Development:

a) Strengthens professional and volunteer staff knowledge and application of content areas, instructional strategies, and assessment strategies based on research;
b) Prepares and supports professional and volunteer staff in creating supportive environments that help adult learners reach realistic goals;
c) Uses data to drive professional development priorities, analyze effectiveness, and help sustain continuous improvement for adult education and literacy programs and learners;
d) Uses a variety of strategies to guide adult education and literacy program improvement and initiatives;
e) Enhances abilities of professional and volunteer staff to evaluate and apply current research, theory, evidence-based practices, and professional wisdom;
f) Models or incorporates theories of adult learning and development,
g) Fosters adult education and literacy program, community, and state-level collaboration.

AEL Professional Staff must receive at least 12 clock hours of professional development annually (based on a Program Year)*.

* Professional staff that possess a valid (not expired, revoked, etc.,) Teaching License accepted within the state of Iowa are exempt from this requirement.

*Volunteer staff are required to complete 50 percent of the Professional Development clock hours of AEL Professional Staff.

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN:

TIMEFRAME	PROFESSIONAL GOALS
Current Program Year	1. _____ 2. _____ 3. _____ 4. _____
Next 3 Years	1. _____ 2. _____ 3. _____ 4. _____

TIMEFRAME	PERSONAL GOALS (OPTIONAL):
Current Program Year	1. _____ 2. _____ 3. _____ 4. _____
Next 3 Years	1. _____ 2. _____ 3. _____ 4. _____

INDIVIDUAL PROFESSIONAL DEVELOPMENT TEMPLATE

AREAS TO CONSIDER	PLANNED PD ACTIVITY	PD STANDARD	HOW ACTIVITY BENEFITS STUDENTS
Required knowledge/skills Consider: • Required competencies • Job description •Service plans and framework		A: ☐　　D: ☐　　G: ☐ B: ☐　　E: ☐	
Strengths Consider: • Your views • Recent tests/appraisals • Feedback from others		A: ☐　　D: ☐　　G: ☐ B: ☐　　E: ☐	
Areas for Growth Consider: • Gaps in knowledge/skills • Changes to systems and services requiring new skills • What will help you to progress in your role?		A: ☐　　D: ☐　　G: ☐ B: ☐　　E: ☐ C: ☐　　F: ☐	

The above Professional Development Plan Template has been reviewed and approved on: _____

AEL Instructor's Signature: _____   Date: _____

AEL Coordinator's Signature _____   Date: _____

INDIVIDUAL PROFESSIONAL DEVELOPMENT LOG

Name/Description	Date(s)	Delivery Method	PD Standard			License Renewal Credits	Clock Hours
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐ B: ☐ C: ☐	D: ☐ E: ☐ F: ☐	G: ☐	Yes ☐ No ☐	_____

		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	
		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	
		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	
		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	
		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	
		In-Person ☐ **Virtual** ☐ **Hybrid** ☐	A: ☐ D: ☐ G: ☐ B: ☐ E: ☐ C: ☐ F: ☐	Yes ☐ No ☐ _____	

		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐	D: ☐	G: ☐	Yes ☐ No ☐	
			B: ☐	E: ☐			
			C: ☐	F: ☐			_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐	D: ☐	F: ☐	Yes ☐ No ☐	
			B: ☐	E: ☐			
			C: ☐	F: ☐			_____
		In-Person ☐ Virtual ☐ Hybrid ☐	A: ☐	D: ☐	F: ☐	Yes ☐ No ☐	
			B: ☐	E: ☐			
			C: ☐	F: ☐			_____
Total PD Hours:						_____

I attest that the above Professional Development Hours have been completed as described.

AEL Instructor's Signature: _____   Date: _____

AEL Coordinator's Signature _____   Date: _____