

PENQUIS REGIONAL ADMINISTRATOR SUPPORT SYSTEM

Preparing Your Administrator Action Plan

The action plan should explain your professional development goals, specific objectives for each goal, the activities you plan to undertake to reach those objectives (with rough dates), and evaluation criteria you will use to judge whether you reached your objective.

Prepare a packet that includes:

1. a copy of you Application for Recertification
2. an Administrator Action Plan cover sheet
3. one plan sheet for each goal

In developing your plan and your plan sheets, follow these guidelines:

Setting Goals. These are goals to improve your competency as an administrator, for the certificate of focus (the one you currently work under). Your goals should be supported by the evaluations of you contained in the Portfolio and in the Assessments. You need not have many goals (3-4 are suggested). Most importantly, they should be goals for your professional growth as a leader/educator, not goals for your school or staff. Which Knowledge Areas you choose to work in must be supported by your Portfolio and Assessments.

Identifying Objectives. Each goal should have several objectives stating specific knowledge, skills, or experience background you will seek in order to satisfy the goal. The clearer and more specifically you can state these, the better.

Describing Professional Development Activities. What will you do to meet each objective and roughly when and where will you do it? Each objective should be addressed by at least one activity, and the connection between the two should be obvious. Activities can be of many kinds (see reverse side, “Professional Development Activities”)

Evaluating Your Success. Indicate how you will (a) demonstrate that you completed the activities and (b) evaluate what you got out of each one. Your plan should briefly describe what you will provide to the Review Committee that will satisfy these two requirements (see reverse side, “Evaluating Your Success”).

See attached Sample Plan Sheet for an example of these steps.

PROFESSIONAL DEVELOPMENT ACTIVITIES ("APPROVED STUDY")

For the purposes of certificate renewal or recertification, approved study means:

- Credit hours of academic study
- College credit
- Equivalent study
- Recertification credit
- Continuing Education Units (CEUs) - (1.5 CEU = 1 credit equiv.)
- In-service training – (15 hours of in-service training = 1 credit hour of equivalent study)
- Seminars – open to assignment
- Workshops – open to assignment
- Independent study – open to assignment
- Preparing/presenting in-service training – open to assignment
- 1 year on-going committee work – open to assignment (said work must include a range of activities and be above regular professional responsibilities)
- 1 year chairing a committee – open to assignment
- 1 year mentor/advisor – open to assignment
- system-based research – open to assignment
- other activities - open to assignment

All activities must be consistent with the Administrator Action Plan.

Note: PRASS plans to offer seminars, workshops, and study groups on an as-needed basis. Notify PRASS office of your interests.

EVALUATING YOUR SUCCESS

Each activity must be documented and evaluated for its impacts on the candidate's professional growth. At a minimum, each candidate should:

1. report number of hours devoted to the activity (a grand total of 90 must be documented for renewal).
2. documents showing the knowledge, skills, and experiences addressed (e.g. programs, syllabi, book lists, agendas).
3. a brief analysis of how the activity did or did not address the objective(s) it was intended to. Candidates may submit other materials that will help them and the Review Committee understand the professional growth that has occurred.

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Administrator Action Plan Cover Sheet

Candidate's Name _____ Title _____

Certificate of Focus _____ Expiration Date _____

A. Background Information

1. Familiarize yourself with the State's requirements for certification in your administrative role (see MDECS Standards and Procedures, Chapter 115 Part II, pages 71-91). These will specify the knowledge area, experience, graduate degrees, and other requirements pertinent to your action plan.
2. A portfolio has been completed and the candidate has provided an assessment of his or her current knowledge and competency areas relating them to the above requirements. A summary of the completed comprehensive assessment has been reviewed by the candidate and Review Committee Mentor and is on file in the PRASS office.

Review Committee Mentor _____ Date _____

B. Professional Development Goals

State each goal in this plan.

1. _____

2. _____

3. _____

4. _____

Describe any other goals on a separate sheet.

- C. You may request to work with a Support Team or Support Mentor or the Review Committee may require that you work with one. If this applies, supply the following information:

1. Is the Support Team/Mentor requested ____ or required? ____
2. Names and phone numbers of members:

D. Endorsements

1. Candidate: I hereby submit this plan for my professional development with the understanding that if it is successfully completed, I will be recommended by the Review Committee for recertification.

Candidate's Signature

Date

2. Review Committee Mentor: I hereby confirm that I have assisted in the development of this plan and find it acceptable for recommendation to the Review Committee for its endorsement.

Review Committee Mentor

Date

3. Review Committee: I hereby indicate that the Review Committee ____ has reviewed and approved the attached Administrator Action Plan.

Review Committee Chair

Date

Note: Any amendments to this plan must be submitted at the time the change in goal or activity occurs and must be approved through the Amendment to Action Plan form by the candidate, the Review Committee Mentor, and the Review Committee.

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Amendments to Administrator Action Plan

During the course of the Action Plan's life, conditions may warrant alterations and amendments to the plan. Explain each such amendment in the space below and submit a revised plan sheet for the goal or goals affected.

Amendment #1

Goal Affected:

Reason for Amendment:

Attached a revised plan sheet for the goal affected.

Candidate's Signature

Date

Review Committee Mentor's Signature

Date

Amendment #2

Goal Affected:

Reason for Amendment:

Attached a revised plan sheet for the goal affected.

Candidate's Signature

Date

Review Committee Mentor's Signature

Date