Professional Development Plan – Workplace Specialist – REPA

(CTE Area Director Signature)		(Teacher Signature)	
Approval:	Date:	Approval:	Date:
Activity 3:			
Objective 3:			
Activity 2:			
Objective 2:			
Activity 1: (How the new or improve	ed knowledge and skills	s are to be gained)	
Objective 1: (A statement identifying a	a weakness in skill or k	nowledge that a candidate into	ends to improve through an activity)
Professional Develo	pment:		
of the WS II license. Typ	pically, the professional e skills, and 3) basic sk	I development must be a mixtuills. Carefully review the Point	quired during the five (5) year period ure of at least two of the following: nt Chart and the Objectives and
Expiration Date of Control (Note: Expiration date of	urrent License: Current license, not ne	w license being requested)	_
Name:	Program Area:		

NOTE: Copies must be retained by career and technical education director and workplace specialist teacher. Building administrators or support staff may not approve or verify completion.