



Individual Professional Development Plan

PERSONAL INFORMATION

please PRINT clearly

Last Name: _____ First Name: _____ M.I. ____ Title: Mr. Mrs. Ms. Rabbi Dr.

Street: _____ Phone: _____

City/State/Zip: _____ Email: _____

CURRENT EMPLOYMENT

Institution: _____ Director: _____

Position: _____ Grade: _____ Supervisor (If not your Director): _____

Street: _____ Mentor: _____

City/State/Zip: _____ Hours/Week: _____ Years of employment: _____

Phone: () _____ Fax: () _____ Email: _____

If not a U.S. Citizen, Work Permit? Yes No Visa Type: _____

What age level(s) do you specialize in? _____

Do you have any subject(s) or general area(s) of specialization? _____

Is your job Part-Time Full-Time?

In which setting do you feel most capable (e.g., denomination, afternoon/day school, informal, etc.)?

Reform Reconstructionist Conservative Orthodox Non-affiliated synagogue Community/Independent

Are you involved professionally in any of the following?

ECDI FEI REN ED/FTE SH'ARIM/EXPANSION MTEI MAGEN HAGAN ECI YESOD SPED

ADDITIONAL EMPLOYMENT HISTORY

Please indicate any other relevant employment history, including camps, informal education, etc.

(Feel free to attach a Resume)

Position: _____ Institution: _____ Hrs/wk: _____ Dates: _____

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Position: _____ Institution: _____ Hrs/wk: _____ Dates: _____

CERTIFICATION

Type of License: _____ Certifying Agency/State _____ Dates: _____

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ISRAEL

Have you ever been to Israel: Yes No

Did you ever attend a Yeshiva, Kollel, Israel study or travel program? Yes No

Please describe:

Program: _____ Dates: _____

Program: _____ Dates: _____

Program: _____ Dates: _____

HEBREW PROFICIENCY

Please circle and rate your Hebrew proficiency on the following scale.

1. (Beginners) 2. (Low-Intermediate) 3. (Intermediate) 4. (High-Intermediate) 5. (Advanced)
Reading: 1 2 3 4 5 Writing: 1 2 3 4 5 Speaking: 1 2 3 4 5 Comprehension: 1 2 3 4 5

OTHER EXPERIENCES

COLLEGE ACTIVITY / AFFILIATION

College Organization/program: _____ Dates: _____

College Organization/program: _____ Dates: _____

VOLUNTEER WORK

Organization/program: _____ Dates: _____

Organization/program: _____ Dates: _____

Organization/program: _____ Dates: _____

Is there anything else that you would like to share about your Jewish professional life?

PROFESSIONAL OBJECTIVES

Please describe, in your own words, your professional objectives, which may include any specific areas of interest (e.g., professional training, subject areas or skills, age specialization, etc.) that you wish to develop.

REVIEWER' S NOTES

Reviewed by: _____

Date: ___/___/___