

Name of School

Individualized Technology Plan (ITP)

Name: _____

Grade Level: _____

Subject(s) Taught: _____

Years teaching: _____

As employees of _____, we are expected to incorporate and integrate technology into our daily teaching strategies and to be leaders in developing curriculum related technology lessons. As a direct result of this integration of technology, we are expected to grow in both the understanding and the implementation of technology in the classroom. This form is designed to help the faculty, staff, and administration identify, monitor, and achieve consistent technological growth.

Where I am today: Using the *Technology Applications Inventory* as a guide, list all of the knowledge and skills in which you consider yourself proficient. Then, place a check mark beside the applications or functions for which you want to be considered a campus resource.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Where I want to be: Record your technology goals for this year below. These goals should include applications or functions you would like to learn or in which you want to become more proficient. Remember, this form will only help you if you let it, so be adventurous and challenge yourself to strive for your dreams. If you need more room, use the back.

As a professional (educator, administrator, or staff member) of _____, I pledge to endeavor to reach the goals I have set here for myself, to ask for help when I need it, and to offer my support to my peers so that together we can all achieve a higher standard of technological integration for our children.

Signature: _____

Date: _____