



Professional Growth Option

Teacher Name _____ Year _____

Building Name _____ Assignment _____

Evaluator Name _____

1

GOAL(S): What do you hope to accomplish?

2

ACTION PLAN: What will you do to accomplish your goals?

3

ASSESSMENT: How will you know if you are successful? (Peer involvement is encouraged.)

4

BUDGET REQUEST:

ITEM

COST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5

How does the requested budget help to meet your goals and your action plans for the year?

6

Budget Request Approved by:

Evaluator

Date

Operational Technology Coordinator

Date

*(if technology
purchase request)*

Assistant Superintendent Human Resources

Date

7