



# Professional Growth Plan

Must be completed by October 15

Teacher Name \_\_\_\_\_ Evaluator Name \_\_\_\_\_ Date \_\_\_\_\_

Building Name \_\_\_\_\_ Assignment \_\_\_\_\_

Evaluation Option:      Long Form      Short Form      PGO      (attach PGO budget form)

1

**Learning and Teaching Context** (*i.e. describe your schedule, class size and mix, student demographics, work space, access to materials, equipment and technology, etc.*)

2

**Area of Focus for Professional Growth** (*Describe your professional goal(s) as it/they relate to box #4 below.*)

3

**A - Related Evaluation Criteria** (*circle*)

1-Instructional Skill      2-Learning Environment      3-Educational Leadership      4-Scholarship      5-Communication

**B - Related Building Goal**

**C - Related Dept./Grade Level/Program Goal**

4

**Plan for Documentation of Growth** (*What evidence will you use to document how your professional growth has positively impacted student learning?*)

5

**Resources** *(Please indicate those resources already identified and those that are needed.)*

6

**Collaboration** *(List potential collaboration partners and/or opportunities.)*

7

**Timeline for Proposed Growth Activities**

Date/Timeframe	Activities	Anticipated Impact on Student Learning

8

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_