



### Professional Growth Plan

<b>Educator's Name</b>	<b>School Year</b>		
<b>Position</b>			
<b>Year in Professional Growth Plan Cycle</b>			
<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	

<p style="text-align: center;"><b>Goal(s)</b> (Indicate which Performance Standard(s) each goal addressed)</p>
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**Year One**

Describe the process (strategies) you will use or steps you will take to accomplish these goals during Year One.

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**Year Two**

Describe the process (strategies) you will use or steps you will take to accomplish these goals during Year Two.

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**Year Three**

Describe the process (strategies) you will use or steps you will take to accomplish these goals during Year Three.

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**Indicators / Evidence of Progress**

Describe the indicators/evidence of progress towards meeting these goals.

**Specialized Training or Activities**

Describe the specialized training or activities deemed necessary for completing the professional growth plan.

**Resources Needed**

What resources/assistance will you need to meet your goal?

**Timeline**

Describe the timeline for completion of your goal.

What is your projected completion date?



**Self Evaluation -- Professional Goal**

Describe how your professional growth goal will increase your professional competencies in your effort to improve student learning.



**Year One**

*Fall:*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

*Spring:*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

**Year Two**

*Fall:*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

*Spring*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

**Year Three**

*Fall:*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

*Spring:*

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date