

Professional Growth Plan
School Year(s)

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

TARGETED COMPETENCIES/ELEMENTS:

1. **Topic—Essential Question** (What do you plan to do? What “big” question will you ask?)

2. **Goal(s) for Students**—(How will you measure the goal? What evidence will you collect?)

3. **Action Plan—Process** (Describe the process you will use or steps you will take.)

4. **Resources**—(What resources/assistance will you need to meet your goal?)

5. **Timeline**— (Describe the timeline for completion of your goal.)

6. **Self Evaluation**

Signatures below indicate joint review of the plan by the educator and the supervisor:

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF SUPERVISOR:

DATE:

Signatures below indicate completion of the plan.

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF SUPERVISOR:

DATE: