

PROFESSIONAL GROWTH ACTION PLAN Form – Goal Number _____

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|-----------------------|---------------------|
| Teacher's Name: | School Year |
| School Assignment(s): | Work Assignment(s): |

Check Goal Category: Instructional Goal: ☐ Professional Development Goal: ☐

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|--|--------------------------|--------------------------|-------|-------|
| Goal 1 (include a description of how this goal connects to prior evaluation process feedback): | | | | |
| Describe how accomplishing this goal will improve student learning: | | | | |
| Describe how accomplishing this goal will improve your professional performance: | | | | |
| Action Plan for accomplishing the goal: | | | | |
| Timeline for implementing the action plan and for accomplishing the goal: | | | | |
| Describe indicators/evidence of progress towards accomplishing the goal: | | | | |
| Describe the resources/support that you anticipate needing in order to accomplish the goal (include how license renewal credits may be incorporated): | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Staff Member Signature:</td> <td style="width: 50%; padding: 5px;">Administrator Signature:</td> </tr> <tr> <td style="padding: 5px;">Date:</td> <td style="padding: 5px;">Date:</td> </tr> </table> | Staff Member Signature: | Administrator Signature: | Date: | Date: |
| Staff Member Signature: | Administrator Signature: | | | |
| Date: | Date: | | | |

Please include additional copies of this form articulate additional growth action plans of instructional/professional learning goals.