

PROFESSIONAL GROWTH ACTION PLAN Form – Goal Number _____

Teacher’s Name:	School Year
School Assignment(s):	Work Assignment(s):

Check Goal Category: Instructional Goal: Professional Development Goal:

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):

Staff Member Signature:	Administrator Signature:
Date:	Date:

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