

Individual Professional Growth Plan

Name: _____

Date: _____

School Year: _____

Identified School/District Improvement Plan goal and/or Objective:

Present Professional Development Stage	Growth Goal(s)/Objective(s) (Individual Growth Plan must align with specific goals and objectives of school/district improvement plan).	Procedure and Activities for Achieving Goal(s) and Objective(s)	Expected Impact	Target Dates for Completion/Review

Employee's Comments: _____

Supervisor's Comments: _____

This individual professional growth plan is aligned with the Consolidated Plan.

Individual Growth Plan Developed:		Status: _____ Achieved _____ Revised _____ Continued	
_____ (Employee's Signature)	_____ (Date)	_____ (Employee's Signature)	_____ (Date)
_____ (Employee's Signature)	_____ (Date)	_____ (Employee's Signature)	_____ (Date)

Professional Growth Plan Stages:

O=Orientation/Awareness A=Preparation/Application I=Implementation/Management R=Refinement/Impact

Copies: Evaluator-White; Central Office-Yellow; Evaluatee-Pink