

**PROFESSIONAL GROWTH PLAN  
OTHER DISTRICT CERTIFIED PERSONNEL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_

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

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

Evaluatee's Comments:

Evaluator's Comments:

Individual Growth Plan Developed:	Annual Review: _____ Achieved: _____
	Revised: _____ Continued: _____

_____ Evaluatee's Signature	_____ Date	_____ Evaluator's Signature	_____ Date
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_____ Evaluatee's Signature	_____ Date	_____ Evaluator's Signature	_____ Date
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**Present Professional Development Stage Rating**

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