

# Professional Growth Plan

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Connection to Standards</b>		
What standard does your goal relate to?		
<b>Professional Learning Goal Statement</b>		
What do I want to change that will effectively impact student learning? What is my personal learning necessary to make that change?		
<b>Action Plan</b>		
<b>Strategies/Actions</b> What will I need to do in order to learn my identified skill or content? How will I apply what I have learned? How will I accomplish my goal?	<b>Resources/Support</b> What resources will I need to complete my plan? What support will I need?	<b>Targeted Completion Date</b>
Supervisor's Signature of Approval		Date:

Year End Review Comments:

Administrator's Signature:	Date:
Superintendent's Signature:	Date: