

Professional Growth Plan

TEACHER	SCHOOL	SCHOOL YEAR	
GRADE AND SUBJECT	SUPERVISOR OR EVALUATOR	FOCUS AREA	
GROWTH GOAL: SPECIFIC, MEASURABLE AND DUE BY A DATE			
WHY THIS GOAL: THE DATA OR FEEDBACK BEHIND IT			
WHAT I WILL DO	EVIDENCE OF GROWTH	TIMELINE	SUPPORT I NEED
TEACHER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE

Progress and Reflection

CHECK-IN DATE	PROGRESS SO FAR	EVIDENCE COLLECTED	NEXT STEP

EVIDENCE OF GROWTH: WHAT CHANGED FOR MY STUDENTS

REFLECTION: WHAT I LEARNED AND WHAT I WILL KEEP DOING

GOAL STATUS	NEXT YEAR'S GOAL
☐ Met ☐ Partly Met ☐ Not Yet Met	

TEACHER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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