

MANSFIELD INDEPENDENT SCHOOL DISTRICT
Professional Growth Plan / Athletics

Name:		
Campus / Department:		
Completed by:		
Date:		
Step 1 – Goal Selection		
Area (s) of Focus – (specify areas that require improvement)		
Rationale – (provide evidence that supports the concerns identified in focus areas)		
Step 2 – Action Plan		
Professional Growth Strategies & Activities – (identify strategies & activities pertaining to the area(s) of focus)		
Activity	Target Date	
Step 3 – Support / Resources Needed		
Step 4 – Evaluation Measures		
Anticipated Evidence – (what evidence will be provided to demonstrate growth & progress)		
Step 5 – Evidence of Successful Completion		
Step 6 – Follow-up		
Initial Review	Employee Signature:	Date:
	Supervisor Signature:	Date:
Follow-up	Employee Signature:	Date:
	Supervisor Signature:	Date:
Follow-up	Employee Signature:	Date:
	Supervisor Signature:	Date: