

Professional Growth Plan

Teacher: _____ School: _____ Year: _____

Connection to Standards		
What standard does your goal relate?		
Professional Learning Goal Statement		
What do I want to change that will effectively impact student learning? What is my personal learning necessary to make that change?		
Action Plan		
Strategies/Actions 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?	Resources/Support What resources will I need to complete my plan? What support will I need?	Targeted Completion Date
Supervisor's Signature of Approval		Date:

Year End Review Comments:

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