MISD
Mansfield Independent School District

PROFESSIONAL GROWTH PLAN

School Year 2026-2027

School District: _____ Campus: _____

Teacher: _____ Assignment/Grade: _____

1. **List area(s) related to the job description, evaluation instrument and/or campus/district policy in which professional growth is needed. Establish priorities if two or more areas are listed.**

2. **Specify growth activities and dates for completion.**

3. **Specify evidence that will be used to determine whether professional growth activities have been completed.**

4. Specify evidence that will be used to determine whether growth has occurred or is occurring.

5. Specify revised GSPD area of emphasis, if applicable.

My appraiser(s) and I have developed this Professional Growth Plan.

Teacher Signature _____ Date _____

Supervisor Signature _____ Date _____

Other Appraiser Signature _____ Date _____
(if applicable)