TEACHER:

INDIVIDUAL PROFESSIONAL GROWTH PLAN

SCHOOL:

DATE:

CERTIFICATE EXPIRES: SUPERVISOR: GOAL:			
Focus Question			
Desired Results		Evidence	
For my students		Of student results	
For myself		Of personal results	
	Lea	rning Plan	
Activities	<u>Timeline</u>	Evidence of Activities	Hours
DISTRICT GOALS: Curriculum Instruction, Assessment (Literacy) Building Community Support Manage Information Effectively			
Teachers' Signature:		D	ate:
Supervisors' Signature:		D	ate:

Form II Updated 6/15/2015