

Appendix B

INDIVIDUAL PROFESSIONAL GROWTH PLAN

TEACHER:

SCHOOL:

DATE:

CERTIFICATE EXPIRES:

SUPERVISOR:

GOAL:

<u>Focus Question</u>			
<u>Desired Results</u>		<u>Evidence</u>	
For my students		Of student results	
For myself		Of personal results	
Learning Plan			
<u>Activities</u>	<u>Timeline</u>	<u>Evidence of Activities</u>	<u>Hours</u>

DISTRICT GOALS: Curriculum Instruction, Assessment (Literacy)
Building Community Support
Manage Information Effectively

Teachers' Signature: _____

Date: _____

Supervisors' Signature: _____

Date: _____