Professional Growth Plan

Name: ________________________________________________________

Grade and subject: ____________________________ Year(s) ______________

Goal:

Describe how this will improve student learning:

1. Methods/Strategies

2. Indicators of Progress

3. Resources/Support Needed

Staff member(s) signature _________________ Administrator signature _________________

Starting date of plan _________________ Today’s date _________________
<table>
<thead>
<tr>
<th>Reflection - First Marking Period</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Reflection - Second Marking Period</td>
<td>Date:</td>
</tr>
<tr>
<td>Reflection - Third Marking Period</td>
<td>Date:</td>
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</tbody>
</table>

Name: _____________________  Goal Partner(s): ___________________

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