

School Session:

Professional Growth Plan

LEA:					
School:					
Employee Name:					
Goal of :			☐ School Vis	☐ School Vision	
			☐ School C	ulture	
			II		
			☐ Instruction		
Actio	on Steps	Resource	es Needed	Target Date]
1					
2					1
3					┨
4					-
4					
5					1
6					1
7					-
8					
9					1
10					┨
					_
Beginn		End of Year			
Employee Comments:		Employee Cor	mments:		
Signature	Date	Signature		Date	
Evaluator Comments:			Evaluator Comments:		
Ciara attura	Dete	Cierce e toure		Data	
Signature	Date	Signature		Date	