



Professional Growth Plan

School Session:

LEA:

School:

Employee Name:

Goal	of	:

<input type="checkbox"/> School Vision
<input type="checkbox"/> School Culture
<input type="checkbox"/> Instruction

	Action Steps	Resources Needed	Target Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Beginning of Year		End of Year	
Employee Comments:		Employee Comments:	
Signature	Date	Signature	Date
Evaluator Comments:		Evaluator Comments:	
Signature	Date	Signature	Date



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