

Individual Professional Growth Plan

Name: _____ **Date:** _____

School Year: _____

Identified School/District Improvement Plan Goal and/or Objective:

Present Professional Development Stage	Growth Goal(s)/Objective(s) <small>(Individual Growth Plan must align with specific goals and objectives of school/district improvement plan)</small>	Procedures & Activities for Achieving Goal(s)/Objective(s)	Expected Impact	Target Dates for Completion/ Review

Employee's Comments:

Supervisor's Comments:

Individual Growth Plan Developed:	Annual Review: ___ Achieved; ___ Revised; ___ Continued
_____	_____
Employee's Signature _____ Date _____	Employee's Signature _____ Date _____
_____	_____
Supervisor's Signature _____ Date _____	Supervisor's Signature _____ Date _____