



Professional Growth Plan

At the beginning of each school year this form is to be completed by teachers. The teacher and the principal retain a copy.

At the end of each school year the principal's copy is to be returned to the teacher.

Teacher

Peer / Mentor / Coach

Name: _____

Name: _____

Position: _____

Position: _____

School: _____

School: _____

Type of Goal (check one):

Domain: _____

- Singular
- Coach
- Mentor

Year: _____

Goal:

Objective:

Action Plan:

Indicators of Success:

Principal's Signature

Date

Teacher's Signature

Distribution: Teacher
Principal

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