



## 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**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Type of Goal (check one):

☐ Singular ☐ Coach ☐ Mentor**Peer / Mentor / Coach**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Domain: \_\_\_\_\_

Year: \_\_\_\_\_

**Goal:**

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**Objective:**

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**Action Plan:**

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**Indicators of Success:**

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\_\_\_\_\_  
Principal's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Teacher's SignatureDistribution: Teacher  
Principal

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