



For all Teachers

Professional Growth Summary

Teacher Name: _____ Position: _____
School: _____

Goals worked on during the _____ school year

Type of Goal (check one)

☐ Singular ☐ Coach ☐ Mentor

Name: _____

Peer / Mentor / Coach

Domain _____

Position: _____

School: _____

Goal:

Objective:

Status: Please check one if Other – please explain

☐ Completed ☐ Ongoing ☐ Other

Accomplishment Statement: (Summary of Indicators of Success)

Principal's Signature

Date

Teacher's Signature

At the end of the school year the principal will forward this form to the Board Office for placement in the teacher's personal file.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act (PSA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for personnel administration and payroll purposes. If you have any questions about the collection, use or disclosure of this information, contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.