

Central Community School System Professional Growth Plan

Period of Evaluation: Year _____

Employee Name _____

Location _____

Evaluator Name _____

Employee Position _____

Employee ID _____

Evaluator Position _____

<p>I. Professional Growth Goal/Objective – What area(s) do you want to strengthen or enhance? (2-3 topics)</p>
<p>II. Rationale – Why do you want to strengthen or enhance this area?</p>
<p>III. Expected Impact on Student Learning/Achievement – Identify the expected impact on student learning/achievement as a result of completion of your growth plan.</p>
<p>IV. Plan of Action (Activities/Resources) – Describe activities/resources to meet your objective(s). Be specific – state who, what, when and where, if known.</p>
<p>V. Criteria/Documentation for Evaluation – State the means for determining the completion of your objectives.</p>
<p>Modifications to this PGP (if necessary)</p>
<p>Position/Job Description Reviewed by Employee: _____ Signature of Employee _____ Signature of Evaluator _____</p>

Signature of Employee (Fall)

Date

Evaluator Signature (Fall)

Date

Signature of Employee (Spring)

Date

Evaluator Signature (Spring)

Date

The signature above indicates that I have read the comments and ratings, but does not indicate agreement or disagreement with the results.

Evaluator Spring Checklist

Documentation indicates:

___ Progress is minimal

___ Progress is satisfactory

___ PGP has been completed

Comments: