

**School Session:** 

## **Professional Growth Plan**

LEA:					
School:					
Employee Name:					
Goal of :			☐ School Vision		
			☐ School C	ulture	
		☐ Instruction			
Actio	on Steps	Resources	s Needed	Target Date	
1					
2					
3					
4					
4					
5					
6					
7					
8					
9					
10					
Beginn		End of Year			
Employee Comments:		Employee Com	nments:		
Signature	Date	Signature		Date	
Evaluator Comments:			Evaluator Comments:		
2					
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Signature	Date	Signature		Date	