**LaRue County Schools--Professional Growth Goal & Plan**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **□ Teacher □ Counselor □ Speech □ Library/Media** |
| **Primary Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **School Year:\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Consider the following to develop your Professional Growth Goal & Action Plan:** | |
| 1. **What do I want to change about my practice that will positively impact student learning?** 2. **What is my personal learning necessary to make that change?** | 1. **How will I monitor my progress towards my goal?** 2. **How will I know if I accomplished my goal?** |

**Part A: Identify Need(s)**

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| **Sources of Evidence Used to Identify Needs:** | | | |
| * **Self-Reflection** * **Student Survey** | * **State Required Assessment Results** * **Formal Observation** | * **Local Assessment Results** * **Program Assurance** * **KY Framework for\_\_\_\_\_\_\_\_\_** | * **CSIP/CDIP** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Details:** | | | |
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**Part B: Goal**

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| **Professional Growth Goal** | | |
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| **KY Framework—Mark the role, domain, and indicator that applies to your goal** | | |
| **Framework for:**  **□ Teaching □ Speech □ Counselor □ Library/Media** | **Domain:**  **□ 1 □ 2 □ 3 □ 4** | **Indicator:**  **□ A □ B □ C □ D □ E □ F □ G □ H □ I** |

**Part C: Action Plan**

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| **Complete These Columns PRIOR to Implementation** | | | | | **Complete AFTER Implementation** |
| **Specific Action** | | **Resources/**  **Support** | **Target Date** | **Measures of Goal Attainment\*** | **Review of Impact (How has my practice changed as a result?)** |
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| **Expected Student Growth Impact:** |  | | | |  |

**\*Examples for “Measures of Goal Attainment”: Artifacts, Self-Assessment, On-Going Self-Reflection, Certificate of Completion, Teaming with Colleague, Observation Data, etc.**

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| --- | --- |
| Teacher Signature: | Date: |
| Administrator Signature: | Date: |

**Part D: Summative Reflection- Level of Attainment for Professional Growth Goal**

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| **End of Year Reflection:** | **Next Steps:** |
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| Teacher Signature: | Date: |
| Administrator Signature: | Date: |