**Professional Growth Goal & Plan for Principals and District Certified Staff**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **□ Principal □ Assistant Principal □ Curriculum Specialist □ RR Teacher Leader □ School Psychologist □ Gifted & Talented Resource Teacher □ Assistant Superintendent □ Instructional Supervisor □ Chief Information Officer □ Director of Student Services □ Director of Special Ed**  |
| **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 have a positive impact?**
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?**
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**Part A: Identify Need(s)**

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| **Sources of Evidence Used to Identify Needs:** |
| * **Self-Reflection**
* **Prior Site Visit**
 | * **State Required Data Results**
* **Local Data Results**
 | * **Staff Feedback (such as the Working Conditions Survey)**
* **CSIP/CDIP**
 | * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Details:** |
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 **Part B: Goal**

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| **Professional Growth Goal** |
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| **Mark the role, standard/domain, and indicator that applies to your goal** |
| **Framework for: □ Superintendent****□ Principal □ School Psych**  | **Standard/Domain:****□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10**  | **Indicator(s):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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 Impact:** |  |  |

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

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| Principal/District Certified Staff Signature: | Date: |
| Supervisor Signature: | Date: |

**Part D: On-Going Reflection – Progress Towards Professional Growth Goal & Plan**

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| **Date:** | **Status of Professional Growth Goal & Plan:** | **Revisions/Modifications:** |
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| Principal/District Certified Staff Signature: | Date: |
| Supervisor Signature: | Date: |

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

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| **End of Year Reflection:** | **Next Steps:** |
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| Principal/District Certified Staff Signature: | Date: |
| Supervisor Signature: | Date: |