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

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

|  |
| --- |
| **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)**

|  |
| --- |
| **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:** |
|  |

**Part B: Goal**

|  |
| --- |
| **Professional Growth Goal** |
|  |
| **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**

|  |  |
| --- | --- |
| **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?)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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.**

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

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

|  |  |
| --- | --- |
| **End of Year Reflection:** | **Next Steps:** |
|  |  |

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