

Professional Growth Plan

The Professional Growth Plan helps the teacher identify areas of professional development that will enable the teacher to enhance practice. The teacher is accountable for implementing and completing the plan. The plan must align to any district and/or building improvement plan(s). The Professional Growth Plan is developed annually. It is to be reviewed regularly and updated as necessary based on collaborative conversations between the evaluator and the teacher.

The Professional Growth Plan should reflect the evidence available and focus on the most recent evaluation and observations. The Professional Growth Plan should be individualized to the needs of the teacher. The school or district should provide for professional development opportunities and support the teacher by providing resources (e.g., time, financial). The Professional Growth Plan must be clear and comprehensive. It is aligned to the most recent evaluation results and proposes a sequence of appropriate activities leading to progress toward the goals.

| Teacher Name: | her Name: Evaluator Name: | | Self-Directed (Accomplished) | ☐Jointly Developed (Skilled) | | uator Guided eveloping) |
|---|---------------------------|---|--|---------------------------------|-----------------|----------------------------|
| Choose the Domain(s) al | igned to the goal | (s). | | , , | | 1 3/ |
| ☐ Focus for Learning ☐ Knowledge of Students ☐ Lesson Delivery | | | ☐ Classroom Environment ☐ Assessment of Student Learning ☐ Professional Responsibilities | | | |
| Goal Statement(s) Demonstrating Performance on <i>Ohio Standards for the Teaching Profession</i> Action S | | Action Steps & Resources to Achieve Goal(s) | Qualitative or Quantitative Measurable Indicators: Evidence Indicating Progress on the Goal(s) | | Dates Discussed | |
| | | | | | | |
| Describe the alignment to | district and/or bu | illding improvement plan(s): | | | | |
| Comments: | | | | | | |
| | | | | | | |
| Teacher's Signature: | | | Date: | | | |
| Evaluator's Signature: | | | Date: | | | |
| The evaluator's signature of | on this form verifie | es the proper procedures as detailed in | the local contract ha | ave been followed. | | |

