**Individual professional development plan**

Educator Name: Click here to enter text. School: Click here to enter text.

Date of Summative Evaluation: Click here to enter text. Evaluator: Click here to enter text.

**EDUCATOR SECTION**

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| **Growth area(s) identified in summative evaluation process:** |
| Click here to enter text. |

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| **Professional Development Goal 1:** |
| Click here to enter text. |

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| **Professional Development Goal 2:** |
| Click here to enter text. |

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| **Goal 1 Strategies/Action Steps** |
| Click here to enter text. |

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| **Support/Resources Requested** |
| Click here to enter text. |

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| **Measures of Progress** |
| Click here to enter text. |

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| **Timeline/Benchmarks** |
| Click here to enter text. |

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| **Goal 2 Strategies/Action Steps** |
| Click here to enter text. |

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| **Support Resources Requested** |
| Click here to enter text. |

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| **Measures of Progress** |
| Click here to enter text. |

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| **Timeline/Benchmarks** |
| Click here to enter text. |

Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATOR SECTION**

**Plan Approval**

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Completion**

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Continuation**

***Comments***: Click here to enter text.

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_