**|| INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

Educator Name:

Date of Evaluation:

School:

Evaluator:

**EDUCATOR SECTION**

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| Growth area(s) identified in 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: |
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| Timeline/Benchmarks: |
| Click here to enter text |

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Educator Signature:

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Date:

**EVALUATOR SECTION**

**Plan Approval**

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Evaluator Signature:

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Date:

**Plan Completion**

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Evaluator Signature:

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Date:

**Plan Continuation**

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

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Evaluator Signature:

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Date:

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Educator Signature:

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Date: