

Tool 11.2

Blank Sample 2

Individual Teacher Professional Development Plan

200__/_/___ School Year

_____ School

_____ District

Tools

Teacher Name(s): _____

Evaluator: _____

Date: _____

Professional Growth Goal:

What student data suggest that this professional learning is necessary?

How will this goal contribute to student learning in the priority areas identified in the district and building plans?

Which of the Iowa Teaching Standards and criteria will be addressed by this goal?

What are the training/learning opportunities you will engage in?

How will you participate in collaboration to learn and apply new knowledge and skills?

What indicators will you use to document the accomplishment of this goal?
(Include products and artifacts that document participation, implementation and student results.)

What supports are needed to implement this plan?

**Individual Teacher Professional Development Plan
Annual Review**

	Summary of Status on Goal 1	Summary of Status on Goal 2	Summary of Status on Goal 3	Date of Annual Review Teacher & Evaluator Initial
Year 1				
Year 2				
Year 3				

Additional goals (add pages as needed):

Comments:

Teacher Signature: _____ **Date:** _____

Evaluator Signature: _____ **Date:** _____