



Short-Term Professional Growth Plan

Teacher: _____

School: _____

Administrator: _____

A. SMART Goal for the Teacher

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B. Activities and Steps to be Completed by the Teacher

List at least three activities and/or steps to be completed by the teacher.

	Date	Initials

C. Artifacts and/or Data to be Collected from the Teacher

List at least three artifacts and/or pieces of data to be collected by the teacher for evidence of completing the goal.

	Date Due	Initials

D. Observations to Check for Teacher Growth (Use this section if short-term goal is instructional.)

Observation Date	Observer	Observation Score	Feedback Conference Date

Teacher Self-reflection (Must be completed before the final review.)

Describe what you learned during the process of completing the Short-term Professional Growth Plan. How did you improve? How did you incorporate change into your daily teaching?

Data Showing Completion or Progress Toward Short-term Professional Development Goals

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FINAL REVIEW CONFERENCE

Teacher Comments

Administrator Comments

Teacher Signature

Date

Administrator Signature

Date