

PROFESSIONAL GROWTH ACTION PLAN
Selinsgrove Area School District

Faculty Member: _____

Date: _____

Required Portfolio Dates: _____

Format (Check preference)

Completion _____ Additions/Revisions _____

Self-Assessment Professional Dialog Group Mentoring

Electronic Network Learning Partners Collegial Coaching

Action Research Extended Networking Peer Support Group

Study Group

Participants:

What is the goal of your Professional Growth Plan? Briefly describe how this will improve student learning. What is your student achievement goal?

Under which Domain/Component (Standards for Professional Practice) does your plan focus?
(Planning & Preparation, Classroom Environment, Instruction, Professional Responsibilities)

What strategies, observations, reflective practices, methods of collecting results, etc. will be employed?

What resources/supports are needed?

What measurable/observable criteria will be used to determine if the goals have been achieved?

What documentation will be included in your portfolio as evidence of the implementation of your professional growth action plan?

Participant(s) signature:

Length of plan: 1 year 2 years Classroom observation date: _____

Plan Approved

Administrator _____ Title _____ Date _____

Plan Reviewed

Administrator _____ Title _____ Date _____

Documentation _____ Satisfactory Unsatisfactory

Follow-up or Comments: