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| Type Your name here |  |
| **My professional Growth plan** |
| Type your School Name ▪ Type your Title ▪ School Year |  |

**Professional Growth Plan**This document contains fields that mirror the components of the PGP in the Educator Development area of CIITS.

**Summative Growth Cycle**

Select Your Summative Growth Cycle Below

Choose an item.

**Guiding Questions for Goal Development**

**Professional Practice**  
What do I want to change about my practice that will positively impact student learning?

**Professional Learning**What is my personal learning necessary to make that change?

**Monitoring Progress**How will I monitor my progress towards my goal? (Student Data, Student Feedback, Unit Lesson Plans, Video-Taped Lessons)?

**Determining Accomplishment**How will I monitor my progress towards my goal? (Student Data, Student Feedback, Unit Lesson Plans, Video-Taped Lessons)?

**Professional Growth Goal Statement**

**Alignment to Framework for Teaching**

**1a:** Demonstrating knowledge of content and pedagogy

**1b:** Demonstrating knowledge of students

**1c:** Setting instructional outcomes

**1d:** Demonstrating knowledge of resources

**1e:** Designing coherent instruction

**1f:** Designing student assessments

**2a:** Creating An Environment of Respect and Rapport

**2b:** Establishing a Culture of Learning

**2c:** Managing Classroom Procedures

**2d:** Managing Student Behavior

**2e:** Organizing Physical Space

**3a:** Communicating with Students

**3b:** Using Questioning And Discussion Techniques

**3c:** Engaging Students in Learning

**3d:** Using Assessment in Instruction

**3e:** Demonstrating Flexibility And Responsiveness

**4a:** Reflecting on Teaching

**4b:** Maintaining Accurate Records

**4c:** Communicating with Parents

**4d:** Participating In A Professional Learning Community

**4e:** Growing And Developing Professionally

**4f:** Showing Professionalism

**Connecting Priority Growth Needs to Professional Growth Planning**

Please select one or more areas that show how your goal connects with a priority area of need (Reference your district CEP for guidelines)

Self Reflection

Student Growth Goals

Observations

Student Voice

Framework for Teaching

CSIP-CDIP

**Action Plan**

**Action Plan** – What is my plan of action to advance my professional growth?

**Support and Resources** – What Resources/Support do I need to achieve my goal?

**Target Completion Date** – What is my target completion date of my goal?

Click here to enter a date.

**Mid-Year Review**

**Professional Learning Update**

List the professional learning activities related to your goal that you have completed at this time.

**Instructional Changes**

Describe the instructional changes you have made as a result of each professional learning activity listed.

**Professional Learning Impact**

Describe the impact the professional learning activities have had on student learning.

**Mid-Year Update**

At this time, are there revisions or modifications you need to make to improve your plan to achieve this goal?

**Mid-Year Status -** Choose an item.

**End of Year Reflection**

**Professional Learning Update**

List the professional learning activities related to your goal that you have completed at this time.

**Instructional Changes**

Describe the instructional changes you have made as a result of each professional learning activity listed.

**Professional Learning Impact**

Describe the impact the professional learning activities have had on student learning.

**End of Year Status -** Choose an item.