

**CALICO ROCK SCHOOL
PROFESSIONAL GROWTH PLAN**

Date _____ Teacher _____

Subject & Grade _____ School Year _____

A. Professional Goal

B. Describe the Professional Growth Activity

C. Indicate the Time Frame for Beginning & Completing

D. Indicate how the Accomplishment of the Goal will be Demonstrated

E. Indicate how the Principal can Facilitate your Professional Growth

F. Was the Objective Completed? Yes _____ No _____

Evaluatee's Signature

Evaluator's Signature

Date

Date