Short-Term Professional Growth Plan

Teacher: _____ **School:** _____

Administrator: _____

A. SMART Goal for the Teacher		
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

FINAL REVIEW CONFERENCE			
Teacher Comments		**Administrator Comments**	
Teacher Signature	**Date**	**Administrator Signature**	**Date**

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