

**COMPREHENSIVE ASSESSMENT
FUTURE GROWTH PLAN**

EDUCATOR NAME: _____ SCHOOL NAME: _____

Area to be Strengthened (Area for Growth): *State the Performance Standard. [Should relate directly to the Comprehensive Assessment--Summative Report]*

Professional Growth Goal(s) of this Plan: State your professional growth goal(s) in measurable or observable terms.

Action Plan: *Describe the actions you plan to take to accomplish this goal, including timelines for completion of each action. (What will you do to increase your knowledge in accomplishing your professional growth goal(s)?)*

Action Plan: (continued)

The Professional Growth Plan stated above has been reviewed and is appropriate for implementation beginning with the school year _____

Educator's Signature

Date

Evaluator's Signature

Date

Having completed the identified action plan, describe the impact on your instruction and student performance.

I verify that I personally engaged in these activities.

Educator's Signature

Date

I have reviewed the above plan.

Evaluator's Signature

Date