

**Experienced Teacher Individual Growth Plan--Mid-Year Review
 (Forward a copy to principal or principals designee)
 Due on or before the 10th Student Day of Second Semester**

Teacher: _____

Academic Year: _____

1. Evidence of Progress or Completion toward State and/or National Accountability Goals

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2. Evidence of Progress or Completion of Personal/Professional Goals or Administrator Goals

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3. Evaluation

	Peer Review	
	Acceptable Progress	Unacceptable Progress/Needs Modifications (Forward suggestions/resources for to principal/principal's designee.)
1. The teacher has provided evidence that supports progress towards goals and/or has modified goals with proper justification and approval.		
2. The teacher has made consistent progress towards personal/professional enrichment goals.		

4. Narrative

Teacher's Comments: Teacher's Signature: _____ Date: _____	Mentor & Peer Group's Comments: 	Mentor & Peer Signatures:
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