

Experienced Teacher Individual Growth Plan -- Initial Review

Teacher Name: _____

Academic Year: _____

1. State and/or National Accountability Goals

Teacher Strategies	Expected Evidence	Completion

2. Personal/Professional Goals and/or Administrator Goals

Strengths:	Areas to be Strengthened:	Personal Enrichment Goals:

3. Evaluation (To be completed by Peer and Administrator)

	Principal/Principal Designee Review	
	Acceptable	Modification Needed
1. The teacher's strategies support State & National Accountability Goals		
2. The expected outcomes are measurable and related to the teacher's strategies.		
3. The teacher has identified personal/professional strengths, areas to be strengthened, and personal/professional enrichment goals.		

4. Narrative

<p>Teacher's Comments:</p> <p>Teacher's Signature: _____</p> <p>Date: _____</p>	<p>Administrator's Comments:</p> <p>Administrator's Signature: _____</p> <p>Date: _____</p>
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