

PROFESSIONAL GROWTH ACTION PLAN SUMMARY Form – Goal Number _____

Teacher's Name:	School Year
School Assignment(s):	Work Assignment(s):
List the Goals of the Professional Growth Action Plan:	
Provide a summary of the process used to achieve your goals:	
Describe how your Professional Growth Action Plan improved student learning. Please include supporting evidence.	
Describe how your Professional Growth Action Plan improved your professional practice. Please include supporting evidence.	
Teacher Comments:	
Administrator Comments:	
Staff Member Signature:	Administrator Signature:
Date:	Date:

Please include additional copies of this form if additional space is needed to summarize your accomplishments towards your instructional/professional development goals.