**Professional Development Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Year: | |  | | | |
| Name: |  | | Position/Subject Area: | |  | | School: |  |
| Mentor Name: (Required in the first three years for all beginning teachers) | | | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A.** | NC Professional Teaching Standards | | Standard(s) to be addressed: | | | |
|  | 1. Teachers Demonstrate Leadership | |
|  | 1. Teachers Establish a Respectful Environment for a Diverse Population of Students | |
|  | 1. Teachers Know the Content They Teach | | Element(s) to be addressed: | | | |
|  | 1. Teachers Facilitate Learning for Their Students | |
|  | 1. Teachers Reflect on Their Practice | |
| **B.** | **Teacher’s Strategies** | | | | | |
|  | **Goals for Elements** | **Activities/Actions** | | **Expected Outcomes and Evidence of Completion** | **Resources Needed** | **Timeline** |
|  | Goal 1: |  | |  |  |  |
|  | Goal 2: |  | |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Teacher’s Signature: |  | Mentor’s Signature: |  | Administrator’s Signature: |  |
| Date: |  | Date: |  | Date: |  |
|  | | | | | |

**Plan: Individual**  **Monitored**

**Professional Development Plan – Mid-Year Review to be completed by (date)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Teacher:** | | |  | | | | | **Academic Year:** | | | |  | |
|  |  | | | | | | | | | | | | |
| **C.** | | **Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced** | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| **D.** | | **Narrative** | | | | | | | | | | | |
|  | | Teacher’s Comments: | | | | | Mentor’s Comments: | | | Administrator’s Comments: | | | |
|  | | Teacher’s Signature: | | |  |  | Mentor’s Signature: |  |  | Administrator’s Signature: |  | |  |
|  | | Date: | | |  |  | Date: |  |  | Date: |  | |  |
|  | |  | |  | | |  | | |  | | | |

**Professional Development Plan – End-of-Year Review to be completed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Teacher:** | | |  | | | | | **Academic Year:** | | | | |  | |
|  |  | | | | | | | | | | | | | |
| **E.** | | **Evidence of Progress toward Specific Standards or Elements to be Addressed/Enhanced** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **F.** | | **Goal 1 was successfully completed**  YES  NO | | | | | | | | | | | | |
|  | | **Goal 2 was successfully completed**  YES  NO | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **G.** | | **Narrative** | | | | | | | | | | | | |
|  | | Teacher’s Comments: | | | | | Mentor’s Comments: | | | | Administrator’s Comments: | | | |
|  | | Teacher’s Signature: | | |  |  | Mentor’s Signature: | |  |  | Administrator’s Signature: |  | |  |
|  | | Date: | | |  |  | Date: | |  |  | Date: |  | |  |
|  | |  | |  | | |  | | | |  | | | |