**Professional Development Plan**

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

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| --- | --- | --- |
| **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: |       |  |
|  |  |  |  |  |