

# Mid-State Special Education Professional Growth Plan

## Professional Growth Plan Components

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### TOPIC SELECTED and RATIONALE FOR SELECTING TOPIC

Identify the focus of your plan.

- What is the general subject, content, focus of your plan?
  
- Why have you chosen this area as the focus of your plan?

### PROFESSIONAL GOALS

Keep goals manageable and realistic.

- What do you want to know or be able to do at the completion of this plan that you do not know or cannot do today?

### LEARNER-CENTERED GOALS

Link your efforts to an improvement in student achievement and/or well-being.

- How will your plan enhance student achievement and/or well-being?

### ACTION PLAN/TIME LINE

List the tasks or activities you need to complete and a time line of when you will complete the task or activity. Use action verbs to write your tasks.

- What specific steps will you follow to complete your plan ?

### RESOURCES

Identify the types of support you need to complete our plan.

- What resources do you need to complete this plan? (List workshops, books, tapes, release time to visit other programs, etc.)

### DOCUMENTATION

Put together a portfolio that reflects your work on the plan and the professional growth you have experienced as a result.

- What artifacts will help demonstrate your work, activities, reflection and metacognition, learning and application of learning associated with the Professional Growth Plan?

**METHOD OF SHARING WITH THE LEARNING COMMUNITY**

- When, how and with who will you share your new knowledge and skills?

**EVALUATION**

- Explain what you will do to provide evidence that you have attained your goals.

**PROJECTED COMPLETION DATE:** \_\_\_\_\_

**PRE-CONFERENCE DATE:** \_\_\_\_\_

**POST-CONFERENCE DATE:** \_\_\_\_\_

**PRACTITIONER'S SIGNATURE:** \_\_\_\_\_

**ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_