

PROFESSIONAL GROWTH PLAN – YEARS 2, 3  
(FORM D)

SCHOOL YEAR

NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

CYCLE PHASE: Please check one

\_\_\_\_\_ 2. Observation/Teacher Initiated Year

\_\_\_\_\_ 3. Collaboration Year/Individual Choice

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PLAN-PRIOR TO END OF SEPTEMBER

1.) DESCRIBE THE INTENDED ACTIVITY. (IDENTIFY PROCEDURES, RESOURCES, AND TIMEFRAME.)

2.) EXPLAIN THE CONNECTION BETWEEN YOUR PROPOSED ACTIVITY AND ITS IMPACT ON STUDENT LEARNING.

EVALUATOR APPROVAL DATE: \_\_\_\_\_

