



PROFESSIONAL GROWTH PLAN FOR ADMINISTRATORS

(To be submitted by October 15th)

At the beginning of the school year this form is to be completed by Administrators who are on professional growth. The original remains with them, a copy with the immediate supervisor and personnel file.

Administrator:

Assignment:

School:

Time Period:

What do I want to accomplish?

How do I plan to accomplish my goals?

PROCESS TO BE USED DURING THE YEAR

- | | |
|---|---|
| <input type="checkbox"/> Self-directed Professional Development | <input type="checkbox"/> Educational Committees |
| <input type="checkbox"/> Group-Directed Professional Development | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Presenting Professional Development Sessions | <input type="checkbox"/> Action Research |
| <input type="checkbox"/> Post-Secondary Work | <input type="checkbox"/> Other: |

This Growth Plan was discussed on: _____
Date

Administrator's Signature

Immediate Supervisor's Signature