



# PROFESSIONAL GROWTH PLAN FOR TEACHERS/CLINICIANS

(To be submitted by October 15<sup>th</sup>)

At the beginning of the school year this form is to be completed by teachers/clinicians who are on professional growth. The original remains with the teacher/clinician, a copy with the supervisor and personnel file.

**Teacher/Clinician:**

**Assignment:**

**School:**

**Time Period:**  **to**

What do I want to accomplish?

How do I plan to accomplish my goals?

## PROCESS TO BE USED DURING THE YEAR

Self-directed Professional Development  
Group-Directed Professional Development  
Action Research  
Presenting Professional Development Sessions

Educational Committees  
Supervision of Teacher Candidates  
Post -Secondary Work  
Other:

This Growth Plan was discussed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's/Clinician's Signature

\_\_\_\_\_  
Supervisor's Signature