

**BOGALUSA CITY SCHOOL SYSTEM
PROFESSIONAL GROWTH PLAN FORM**

Employee: _____ Employee's Position/Grade/Assignment: _____
 Department/School: _____ Date Initiated: _____
 Evaluator/Supervisor Name/Title/Position: _____

GOAL:				
OBJECTIVES:				
STRATEGY:				
DESCRIBE HOW THIS STRATEGY ADDRESSES YOUR PROFESSIONAL GROWTH AND COORDINATES TO THE NEEDS OF YOUR CLASSROOM/SCHOOL/DISTRICT:				
Activities	Person(s) Responsible	Timeline	Indicators of Implementation (Observable Criteria)	Procedures for Evaluating Indicators of Implementation

I have reviewed and received a copy of this form, the evaluation packet, and a copy of the job description. My signature does not reflect any agreement or disagreement with the contents of this form. Rather it is an assurance that I have had the opportunity to read and discuss the contents with my evaluator.

Employee Signature _____
 Evaluator/Supervisor Signature _____
 Self Evaluation Completed _____ YES _____ NO

Pre-Conference Date _____
 Pre-Conference Date _____

Employee Signature _____
 Evaluator/Supervisor Signature _____

Post-Conference Date _____
 Post-Conference Date _____