

## **Professional Growth Plan**

Teacher:		Date:
	Colleague's signature	
Goal(s): Clearly describe your goal(s).		
<b>Reflection</b> : What questions have you posed to guide your thinking about your goal? (to be completed prior to follow-up meeting)		
<b>Rationale</b> : Why is this important in relation to student learning and/or strengthening professional practice?		
Strategies for Supporting Goal: What strategies do I need to achieve my goal? (processes, time professional mentoring, and/or resource materials)		
Follow-up meeting and note	s: Date:	
Teacher's signature	Principal / Vice Principal	ipal's signature