

# Whitley County School District Individual Professional Growth Plan

Employee	Position
Date	Work Site

Needs Assessment	*Present Professional Development Stage	Growth Objectives/Goals (describe desired outcome)	Procedures and Activities for Achieving Objectives	Target Dates for Completion

Employee's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual Growth Plan Developed:	
Employee's Signature	Date
Supervisor's Signature	Date

Annual Review: <input type="checkbox"/> Achieved <input type="checkbox"/> Revised <input type="checkbox"/> Continued	
Employee's Signature	Date
Supervisor's Signature	Date

\*Professional Growth Plan Stages: O-Orientation/Awareness    A-Preparation/Application  
I-Implementation/Management    R-Refinement/Impact