

Professional Development Plan

School Year: _____ Year: 1 2 3 4 Career Status
 Lateral Entry: 1 2 3

Name: _____ Position/Subject Area: _____ School: _____
 Mentor: _____ Position/Subject Area: _____ School: _____
 (Required in the first three years for all beginning teachers)

<p>A. NC Professional Teaching Standards</p> <ol style="list-style-type: none"> 1. Teachers Demonstrate Leadership 2. Teachers Establish a Respectful Environment for a Diverse Population of Students 3. Teachers Know the Content They Teach 4. Teachers Facilitate Learning for Their Students 5. Teachers Reflect on Their Practice 	<p>Standard(s) to be addressed:</p> <p>Elements(s) to be addressed:</p>
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B. Teacher's Strategies

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				

Teacher's Signature: _____ Mentor's Signature: _____ Administrator's Signature: _____
 Date: _____ Date: _____ Date: _____

Plan: Individual Monitored Directed

Professional Development Plan – End-of-Year Review to be completed by (date) _____

Teacher: _____

Academic Year: _____

E. Evidence of Progress toward Specific Standards or Elements to be Addressed/Enhanced

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|---|------------------------------|-----------------------------|
| F. Goal 1 was successfully completed | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Goal 2 was successfully completed | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

G. Narrative

<p>Teacher's Comments:</p> <p>Teacher's Signature: _____</p> <p>Date: _____</p>	<p>Mentor's Comments:</p> <p>Mentor's Signature: _____</p> <p>Date: _____</p>	<p>Administrator's Comments:</p> <p>Administrator's Signature: _____</p> <p>Date: _____</p>
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