

Mountain Home School District Professional Growth Plan

Name _____

Grade/Subject _____

School _____

School Year _____

A. State professional goal and short description _____

B. Indicate the time frame for beginning and completing _____

C. Indicate how the Principal can facilitate your professional growth _____

D. Goal was completed _____ Yes _____ No
Comments _____

E. Adequate progress was made _____ Yes _____ No

Evaluatee's Signature/Date
Initial Conference

Evaluator's Signature/Date
Initial Conference

Evaluatee's Signature/Date
Summative Conference

Evaluator's Signature/Date
Summative Conference