

**COMPREHENSIVE ASSESSMENT
FUTURE GROWTH PLAN**

EDUCATOR NAME: _____ **SCHOOL NAME:** _____

Area to be Strengthened (Area for Growth): State the Performance Standard. [Should relate directly to the Comprehensive Assessment--Summative Report]

Professional Growth Goal(s) of this Plan: State your professional growth goal(s) in measurable or observable terms.

Action Plan: Describe the actions you plan to take to accomplish this goal, including **timelines** for completion of each action. (What will you do to increase your knowledge in accomplishing your professional growth goal(s)?)

The Professional Growth Plan stated above has been reviewed and is appropriate for implementation beginning

_____ and ending _____
Month/Year Month/Year

Educator/Date

Evaluator/Date

White Copy
Canary Copy
Pink Copy

Primary Evaluator/UTK
Secondary Evaluator/School Administrator
Educator/Intern