



AREA NUMBERS	PROFESSIONAL DEVELOPMENT RELATED GOALS/OBJECTIVES	PROPOSED ACTIVITIES	TIME LINE	ASSESSMENT METHOD(S)	PROGRESS CHECK DATES		
					1	2	3
Competency Area:  Indicator(s):  ----- <b>Or check if:</b> <input type="checkbox"/> Student Achievement/ Development  <input type="checkbox"/> Personal/ Professional							

**END OF CYCLE ASSESSMENT AND BENEFITS**

*Check the item(s) which the activity(ies) address(es)*

- |   |  |
|---|--|
| <b>PROFESSIONAL DEVELOPMENT AND LEADERSHIP COMPETENCY</b> | <b>7.1 Improves Prof. Knowledge</b><br><input type="checkbox"/> Participates in prof. Org.<br><input type="checkbox"/> Participates in/attends prof. dev. program/conf.<br><input type="checkbox"/> Participates in prof. dev. to improve job performance<br><input type="checkbox"/> Takes formal coursework<br><input type="checkbox"/> Uses ideas to improve tch.                             |
|   | <b>7.2 Takes Leadership Role</b><br><input type="checkbox"/> Leadership in identifying resolving issues<br><input type="checkbox"/> Ldrship in est. schl. goals<br><input type="checkbox"/> Initiates activities/projects<br><input type="checkbox"/> Conducts workshops/train<br><input type="checkbox"/> Shares ideas, materials, etc.<br><input type="checkbox"/> Part. in shared decisionmng |

Evaluator Comments

Score Rationale

**7.1/7.2 SCORE**  
*Circle the score for the area(s) checked above*

**1    2    3    4**

We agree upon the Goals/Objectives, Activities, Timelines, and Assessment Method(s) listed:

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures indicate we have discussed the Assessment and Benefits described:

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_