

Competence-Building Professional Growth and Development Plan For Classroom-Based Teachers

Type of Plan Induction Diagnostic Assistance Formal Evaluation GBE

Teacher _____ Grade(s)/Subject(s) _____

District _____ School _____

Mentor (*optional for formal evaluation and GBE*) _____

Supervisor(s) _____

Assistance Activities	Date	Teacher's Initials	Supervisor's Initials
• Initial conference to develop PGD plan			
• Beginning date for implementing plan			
• Interim review/conference			
• Ending date for implementing plan			
• Final review/conference			

Area(s) To Be Addressed	
Planning	<input type="checkbox"/> APS 1 Long-Range Planning <input type="checkbox"/> APS 2 Short-Range Planning of Instruction <input type="checkbox"/> APS 3 Planning, Development, and Use of Assessments
Instruction	<input type="checkbox"/> APS 4 Establishing and Maintaining High Expectations for Learners <input type="checkbox"/> APS 5 Using Instructional Strategies to Facilitate Learning <input type="checkbox"/> APS 6 Providing Content for Learners <input type="checkbox"/> APS 7 Monitoring and Enhancing Learning
Classroom Environment	<input type="checkbox"/> APS 8 Maintaining an Environment that Promotes Learning <input type="checkbox"/> APS 9 Managing the Classroom
Professionalism	<input type="checkbox"/> APS 10 Fulfilling Professional Responsibilities
Other	<input type="checkbox"/> Orientation to the School Setting and the ADEPT System <i>(primarily for teachers from out of state or from nonpublic-school settings)</i> <input type="checkbox"/> <i>(Describe)</i>

The signatures below verify that the teacher has received written and oral explanations of the preliminary and final performance reviews.

Teacher _____ Date: _____

Supervisor: _____ Date: _____