

BEMIDJI AREA SCHOOLS
PROFESSIONAL GROWTH AND DEVELOPMENT PLAN & REFLECTIVE STATEMENT

Teacher _____ Start Date _____

Assignment _____

Goal(s):

Based on District/School Goal(s):

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Objectives and Strategies:

Criteria to Measure Achievement of Goal(s)

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Resources Needed:

Professional Development Needed:

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This plan was mutually developed by the teacher and supervisor:

Teacher Date

Administrator Date

BEMIDJI AREA SCHOOLS
REVIEW OF PROFESSIONAL GROWTH AND DEVELOPMENT PLAN & REFLECTIVE STATEMENT

Teacher _____ Completion Date _____

Progress toward achievement of goals:

1. How successful have I been in meeting my goal?

2. How has my professional practice improved?

3. How has student learning improved?

4. Other Comments:

Signatures below indicate this review has been read and discussed by the teacher and supervisor:

Teacher Date

Administrator Date