

# Professional Growth Plan

As a result of the evaluation process, teachers and evaluators should focus on accelerating and continuing teacher growth through professional development. Professional development should be individualized to the needs of the teacher and specifically relate to his/her areas of refinement as identified in the teachers' evaluation. The evaluator should recommend professional development opportunities and support the teacher by providing resources (e.g., time, financial).

- Self-Directed
- Collaborative

Teacher \_\_\_\_\_

Evaluator \_\_\_\_\_

<p><b>Annual Focus</b></p> <p>These are addressed by the evaluator as appropriate for this teacher.</p>	<p><b>Date</b></p> <p>Record dates when discussed</p>	<p><b>Areas for Professional Growth</b>  <b>Supports needed, resources, professional development</b></p> <p>Comments during conference with teacher and evaluator are made appropriate to the needs of the teacher.</p>
<p><b>Goal 1: Student Achievement/Outcomes for Students</b></p> <p>Goal Statement:</p> <p>Evidence Indicators:</p>		
<p><b>Goal 2: Teacher Performance on the Ohio Standards for the Teaching Profession</b></p> <p>Goal Statement:</p> <p>Evidence Indicators:</p>		

\_\_\_\_\_  
**Evaluator Signature**

\_\_\_/\_\_\_/\_\_\_  
**Date**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_/\_\_\_/\_\_\_  
**Date**

The signatures above verify that the teacher and evaluator have discussed and agreed upon this Professional Growth Plan.

# Improvement Plan

Teacher Name: \_\_\_\_\_ Grade Level/ Subject: \_\_\_\_\_

School year: \_\_\_\_\_ Building: \_\_\_\_\_ Date of Improvement Plan Conference: \_\_\_/\_\_\_/\_\_\_

Written improvement plans are to be developed in the circumstances when an educator makes below expected academic growth with his/her students AND/OR receives an overall Ineffective rating or an Ineffective rating on any of the components of the OTES system. The purpose of the improvement plan is to identify specific deficiencies in performance and foster growth through professional development and targeted support. If corrective actions are not made within the time as specified in the improvement plan, a recommendation may be made for dismissal or to continue on the plan.

## Section 1: Improvement Statement

List specific areas for improvement as related to the <i>Ohio Standards for the Teaching Profession</i> . Attach documentation.		
Performance Standard(s) Addressed in this Plan	Date(s) Improvement Area or Concern Observed	Specific Statement of the Concern: Areas of Improvement

## Section 2: Desired Level of Performance

List specific measurable goals to improve performance. Indicate what will be measured for each goal.		
Beginning Date	Ending Date	Level of Performance Specifically Describe Successful Improvement Target(s)

**Section 3: Specific Plan of Action**

Describe in detail specific plans of action that must be taken by the teacher to improve his/her performance. Indicate the sources of evidence that will be used to document the completion of the improvement plan.

<b>Actions to be Taken</b>	<b>Sources of Evidence that Will Be Examined</b>

**Section 4: Assistance and Professional Development**

Describe in detail specific supports that will be provided as well as opportunities for professional development.

Date for this Improvement Plan to Be Evaluated: \_\_\_/\_\_\_/\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*The evaluator's signature on this form verifies that the proper procedures as detailed in the local contract have been followed.*

# Improvement Plan Evaluation

Teacher Name: \_\_\_\_\_ Grade Level/ Subject: \_\_\_\_\_

School year: \_\_\_\_\_ Building: \_\_\_\_\_ Date of Evaluation: \_\_\_/\_\_\_/\_\_\_

The improvement plan will be evaluated at the end of the time specified in the plan. Outcomes from the improvement plan demonstrate the following action to be taken:

- Improvement is demonstrated and performance standards are met to a satisfactory level of performance.\*
- The Improvement Plan should continue for time specified: \_\_\_\_\_
- Dismissal is recommended.

Comments: Provide justification for recommendation indicated above and attach evidence to support recommended course of action.

*I have reviewed this evaluation and discussed it with my evaluator. My signature indicates that I have been advised of my performance status; it does not necessarily imply that I agree with this evaluation.*

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*The evaluator's signature on this form verifies that the proper procedures as detailed in the local contract have been followed.*

\*The acceptable level of performance varies depending on the teacher's years of experience. Teachers in residency—specifically in Years 1 through 4—are expected to perform at the Developing level or above. Experienced teachers—with five or more years of experience—are expected to meet the Proficient level or above.