**Part E: Connecting Priority Growth Needs to Professional Growth Planning**

**1) Initial Reflection:** *Based on the areas of growth identified in Self-Reflection and Parts B, C, and/or D complete this section at the beginning of the school year.*

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| **Professional Growth Goal:**   * **What do I want to change about my practices that will effectively impact student learning?** * **How can I develop a plan of action to address my professional learning?** * **How will I know if I accomplished my objective?** |  |

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| **Connection to Standards** | | | |
| The Principal should connect the PGP Goal to the appropriate performance standard and list that standard below. | | | |
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| **Action Plan** | | | |
| **Professional Learning**  What do I want to change about my leadership or role that will effectively impact student learning?  What is my personal learning necessary to make that change? | **Strategies/Actions**  What will I need to do in order to learn my identified skill or content?  How will I apply what I have learned?  How will I accomplish my goal? | **Resources/Support**  What resources will I need to complete my plan?  What support will I need? | **Targeted Completion Date**  When will I complete each identified strategy/ action? |
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| **Administrator’s Signature:** | **Date:** |
| **Superintendent’s Signature:** | **Date:** |

**2) On-going Reflection:** Complete this section at mid-year to identify progress toward each Student Growth/Working Conditions/Professional Growth Goal

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| **Principal Growth Goals-Review** | |
| (Describe goal progress and other relevant data.) | Mid-year review conducted on\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_ \_\_\_\_\_\_  Principal’s Superintendent |

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| **Date** | **Status of Growth Goal(s) – SGG, WC, PGP** | **Revisions/Modifications of Strategies or Action Plans** |
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| **Administrator’s Signature:** | **Date:** |
| **Superintendent’s Signature:** | **Date:** |

**3) Summative Reflection:** *Complete this section at the end of the year to describe the level of attainment for each Professional Growth Goal*

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| **Date:** | **End of Year Student Growth Reflection:** |
| **End-of-Year Data Results** (Accomplishments at the end of year.) | Data attached |
| **Date:** | **End of Year TELL KY Working Conditions Growth Reflection:** |
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| **Date:** | **End of Year Professional Growth Reflection:** |
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| **Next Steps:** |
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| **Administrator’s Signature:** | **Date:** |
| **Superintendent’s Signature:** | **Date:** |