

Smithton Community Consolidated School District No. 130
Tenured Teacher Professional Development Plan

Teacher's Name: _____

Evaluator: _____

School: _____

Date of Needs Improvement Evaluation: _____

Performance Area(s) for Improvement (*Reference Evaluation Framework Domain and Component/s*):

Goals/Objectives*

| Goal/Objective Addressed | Resources, Activities, Strategies | Person(s) Responsible | Indicators of Progress** |
|--------------------------|-----------------------------------|-----------------------|--------------------------|
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Follow-up/Modifications***

Plan Created (Date):
 Plan Modified (Date):
 Plan Modified (Date):
 Plan Completed (Date):

Teacher Initials

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Evaluator Initials

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*In this section be sure to list the *Performance Area* that each *Goal/Objective* is designed to address.
 **Documentation should include dates of the completion/use of any strategy, resource, or activity and any artifacts, which can be attached to the end of this document, that support /demonstrates its use.
 *** *Indicators of Progress* should be given for follow-ups as well as rationale for modifications made to the plan.