

Individual Professional Growth Plan

Winchester School

Name: _____

Renewal Year: _____

Certification Endorsement Areas:

Goal 1: *(related to area for growth recommended by supervisor)*

Proposed professional development activities to meet this goal:

Goal 2: *(related to improving student outcomes)*

Proposed professional development activities to meet this goal:

Goal 3:

Proposed professional development activities to meet this goal:

Staff Member Signature Supervisor Signature Superintendent Signature