

Professional Development Goals

Professional Employee: _____ School Year: _____

Department/Position: _____ School: _____

Evaluator and Position:

Area(s) of Certification:

Area(s) of Certification

Area(s) of Certification: _____

Certificate(s) Expiration Date:

Certificate(s) Expiration Date:

Certificate(s) Expiration Date: _____

Menu Choice for Evaluation:

Goal Setting Conference: (Date)

Three Year Personal/Professional Goal:

Annual Goals:

Core Standard(s) **Goal One (SAU):** **Action Plan:** **Status:**

Core Standard(s) **Goal Two (District/Building):** **Action Plan:** **Status:**

Core Standard(s) **Goal Three (Personal/Professional):** **Action Plan:** **Status:**

Professional Employee's Signature _____ Date: _____

Evaluator's Signature _____ Date: _____