

Professional Development Plan (Required)

School Year: _____

Year: 1 2 3 >3

Lateral Entry: 1 2 3

Name: _____

Position/Subject Area: _____

School: _____

Mentor: _____

Position/Subject Area: _____

(Required in the first three years for all beginning teachers)

School: _____

A. NC Professional Teaching Standards

Standard(s) to be addressed:

1. Teachers Demonstrate Leadership
2. Teachers Establish a Respectful Environment for a Diverse Population of Students
3. Teachers Know the Content They Teach
4. Teachers Facilitate Learning for Their Students
5. Teachers Reflect on Their Practice

Element(s) to be addressed:

B. Teacher's Strategies

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				

Teacher's Signature: _____

Date: _____

Mentor's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____

Plan: Individual Monitored Directed

Professional Development Plan—Mid-Year Review

To be completed by (date): _____

Teacher: _____

Academic Year: _____

C. Evidence of Progress Toward Specific Standards of Elements to be Addressed/Enhanced

D. Narrative

Teacher's Comments:	Mentor's Comments:	Administrator's Comments:
Teacher's Signature:	Mentor's Signature:	Administrator's Signature:
Date:	Date:	Date:

Professional Development Plan—End-of-Year Review

To be completed by (date): _____

Teacher: _____

Academic Year: _____

E. Evidence of Progress Toward Specific Standards of Elements to be Addressed/Enhanced

F. Goal 1 was successfully completed. Yes No
Goal 2 was successfully completed. Yes No

G. Narrative

Teacher's Comments:	Mentor's Comments:	Administrator's Comments:
Teacher's Signature:	Mentor's Signature:	Administrator's Signature:
Date:	Date:	Date: