

Professional Development Plan

School Year: _____ Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Career Status ☐
Lateral Entry: 1 ☐ 2 ☐ 3 ☐

Name: _____ Position/Subject Area: _____ School: _____
Mentor: _____ Position/Subject Area: _____ School: _____
(Required in the first three years for all beginning teachers)

| | | |
|----|---|------------------------------|
| A. | NC Professional Teaching Standards 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 | Standard(s) to be addressed: |
| | | Elements(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: _____ Mentor's Signature: _____ Administrator's Signature: _____
Date: _____ Date: _____ 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 or Elements to be Addressed/Enhanced

D. Narrative

| | | |
|--|---|--|
| Teacher's Comments: | Mentor's Comments: | Administrator's Comments: |
| Teacher's Signature: _____ Date: _____ | Mentor's Signature: _____ Date: _____ | Administrator's Signature: _____ Date: _____ |

Professional Development Plan – End-of-Year Review to be completed by (date) _____

Teacher: _____

Academic Year: _____

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

| | | | | | |
|----|-----------------------------------|-----|--------------------------|----|--------------------------|
| F. | Goal 1 was successfully completed | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Goal 2 was successfully completed | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

G. Narrative

| | | |
|--|---|--|
| Teacher’s Comments: | Mentor’s Comments: | Administrator’s Comments: |
| <div>Teacher’s Signature: _____</div> <div>Date: _____</div> | <div>Mentor’s Signature: _____</div> <div>Date: _____</div> | <div>Administrator’s Signature: _____</div> <div>Date: _____</div> |