INDIVIDUALIZED PROFESSIONAL GROWTH PLAN

FOR SCHOOL YEAR _____ (One Plan Per Year)

NAME:_____ POSITION:_____ LOCATION:_____PHONE: _____

Employees who wish to receive reimbursement for professional development expenses shall develop a professional growth plan (one per year), reviewed and approved with their immediate supervisor, which describes the professional development activities and how they fit in their overall professional development plan.

PD GOAL #1		
Describe how this activity relates to your overall growth plan:	Anticipated Timeline	How will you measure your success:
PD GOAL #2		
Describe how this activity relates to your overall growth plan:	Anticipated Timeline	How will you measure your success:

By signing this form the supervisor is authorizing the specific professional development activities and expenditures as consistent with the employee's overall professional growth plan and District guidelines.

_____ _____

Employee Signature *Date* *Supervisor Signature* *Date*

RESET FORM

CPD:Forms:Revised 9/09