

2018-2019 Individual Professional Learning Plan

| | EMPLOY | EE NAME | | | | |
|---|--|--|--------------------------------|-------------------------------------|---------------------------|--|
| LAST | | | | MI | | |
| CAMPUS / DEPARTMENT | | POSITION | | | | |
| | | | | · | | |
| Goal settin assessment defined as | g and professional development planning allow teach of their professional practices as they relate to studen what a staff member chooses to work on based on the sibilities) in relationship to his or her knowledge, skill w. | t needs. A professional e learning strengths and | learning goal, a challenges of | also as an area students (or ass | of focus, is signed roles | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| | | | | | | |
| Are learn | ing goals consistent with district, department, o | or campus goals? | | Yes | No | |
| GOAL # | LEARNING OPPORTUNITIES (IN & OUT OF DISTRICT**) | ANTICIPATED DATE OF COMPLETION | NON- CONTRAC HOURS | | APPROVED* | |
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| and expect approved b | supervisor initials indicate professional learning opporations. **For out-of-district learning opportunities, incly the principal/supervisor in advance. PAL/SUPERVISOR RECOMMENDATION | uding Region 11, a distri | | | | |
| TRINCI | AL/SUI ERVISOR RECOMMENDATION | (N(S). | | | | |
| | | | | | | |
| Employee Signature: | | Date: | | | | |
| Principal/Supervisor Signature: | | Date: | | | | |