

**Adair County Schools
Individual Professional Growth Plan**

School Year: _____

Date: _____ **Name:** _____ **Work Site:** _____

Areas for Growth (Standards, Consolidated Plan, Personal Growth)	Growth Objective/Goal(s) (described desired outcomes)	Procedures and Activities Achieving Goals and Objectives	Appraisal Method	Target Dates	Assistance Needed From:

Comments:

State of Development: Awareness Preparation Implementation Refinement

Evaluatee Signature	Date
Evaluator Signature	Date

Review:	Achieved:	Revised:	Continued:
Evaluatee Signature		Date	
Evaluator Signature		Date	