

# **TEACHER PROFESSIONAL DEVELOPMENT PLAN FORMS**

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*Annual Teacher Goal and Action Plan  
Epping School District  
2014-2015*

**Teacher:**  
**Area(s) of Certification:**

**School:**  
**Certification Expiration Date:**

<b>District Goal:</b>	The goal of the Epping School District is to implement the Epping School District Model 21 <sup>st</sup> Century Student Outcomes for College, Career and Life Ready Students.
<b>Team SMART Goal:</b>	
<b>Teacher SMART Goal:</b>	

Steps/Strategies for Team Goal	Evidence	Timeline
1.		
2.		
3.		
4.		

Steps/Strategies for Teacher Goal	Evidence	Timeline
1.		
2.		
3.		
4.		

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**SMART GOALS are:**

Specific/Strategic	What do you want to measure?
Measurable	How are you going to measure it?
Action-Oriented	How will you accomplish the goal?
Rigorous, Realistic & Results-Focused	Is this a realistic goal that you can reasonably accomplish?
Timed & Tracked	When will you reach your goal?

**COMMENTS:**

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Member's Name (Please Print) \_\_\_\_\_

Team Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Due:** September 30

**Process:** Review student data and decide team goal with team. Review self-assessment and student data and decide teacher goal. Include strategies/steps, evidence, and timeline for completion of goals. Have a team member review and comment on your goal and action plan. Keep a copy for your own records. Make a copy and forward to School Professional Development Coordinator who will provide copy to School Principal.

Recommendation from School Professional Development Team:

\_\_\_\_\_ Approved

\_\_\_\_\_ Returned with this recommendation

Signature of School PD Coordinator \_\_\_\_\_ Date \_\_\_\_\_

*Annual Teacher & Student Learning Reflection*  
*Epping School District*  
*2014-2015*

**Teacher:**  
**Area(s) of Certification:**

**School:**  
**Certification Expiration Date:**

**Approved Team SMART Goal\***

**Teacher Team Member Reflection:** Please answer the following questions.

Did your team achieve their goal?

What steps/strategies did the team implement?

What did you learn from working on this goal and how will it guide the team's future practice?

What evidence did you collect? (Evidence should be available if requested.)

Did students demonstrate learning growth? What data do you have to support student learning growth?  
(Please include or attach student data.)

**Approved Teacher SMART Goal\***

**Teacher Reflection:** Please answer the following questions.

Did you achieve your goal?

What steps/strategies did you implement?

What did you learn from working on this goal and how will it guide your future practice?

What evidence did you collect? (Evidence should be available if requested.)

*Annual Teacher & Student Learning Reflection  
Epping School District  
2014-2015*

Did students demonstrate learning growth? What data do you have to support student learning growth?  
(Please include or attach student data.)

\*as submitted in the Annual Goal and Action Plan

**Do you have an endorsement that is not your primary assignment?**  
If yes, please state the endorsement and answer the following question.

Endorsement(s): \_\_\_\_\_

**Teacher Reflection:** How did your learning apply to this endorsement?

**TEAM MEMBER COMMENTS:**

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Member's Name (Please Print) \_\_\_\_\_

Team Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Due:** May 30 if not in certification year or March 15 if in your certification year or less than 5 years in Epping School District.

**Process:** Reflect on goal completion focusing on your learning and keeping evidence in mind. Use student data to determine student learning growth in support of goal completion. Have a team member review and comment on your reflection. Keep a copy for your own records. Make a copy and forward to School Professional Development Coordinator who will provide copy to School Principal.

Recommendation from School Professional Development Team:

\_\_\_\_\_ Approved with annual certificate attached

\_\_\_\_\_ Returned with this recommendation

Signature of School PD Coordinator \_\_\_\_\_ Date \_\_\_\_\_