

Teachers Performance Objective(s)/Professional Growth Plan

The teacher should complete the following information on this cover sheet and then use a separate form for each agreed upon objective. The objective should be discussed and signed by both the teacher and administrator by October 30 of the applicable year.

Teacher: _____ Year: _____

School/Program: _____ Grade/Subject: _____

Administrator: _____

INDUCTION PHASE (non-tenured)

_____ Year 1 – Objective is chosen from objective bank for teachers involved in the BEST Program. If your discipline is not involved in the BEST Program, develop an objective with assigned administrator for Year 1 and 2.

- _____ Curriculum
- _____ Effective Instruction
- _____ Instruction Techniques and Models of Teaching
- _____ Classroom Management

_____ Year 2 – Objective is completion of the BEST portfolio/Program or if not in the BEST Program, objective is collaboratively developed with the administrator.

_____ Year 3 and Year 4 – Guided Growth – Identify two objectives related to the CCT/CCL and Discipline-Based Standards.

CONTINUOUS PROFESSIONAL GROWTH PHASE

_____ Individual objective(s)

_____ Collaborative partner/team objective with (names):

EXTENDED PROFESSIONAL GROWTH PHASE – MASTER TEACHER

PROFESSIONAL ASSISTANCE PROGRAM

Special Assistance _____ Intensive Assistance _____

Performance Objectives/Professional Growth Plan (continued)

Review and reflect on all indicators in the three strands of the Connecticut Common Core of Teaching (CCT/CCL) and Discipline-Based Professional Teaching Standards. **Use a separate form for each agreed upon objective.** The objective should be discussed and signed by both the administrator and teacher by **October 30** of the applicable year.

Objective: Related to Strand I _____ II _____ III _____ of the CCT/CCL.

Indicators of Success: Indicators are behaviors, events, or activities that demonstrate the achievement of the objective. What data will I use as **evidence** to know/show that I have achieved my objective? (Multiple sources of data)

Plan of Action: What procedures and timeline will I implement to achieve my objective?

Professional Growth: What activities are needed to support this objective?

Connections: How does my objective relate to district, school or departmental goals?

Teacher: _____

Administrator: _____

Date: _____

Date: _____