

NC Department of Health and Human Services Teacher Individual Growth Plan

Teacher Name: _____ Program/Assignment: _____
 School Year: _____ Teacher Licensure Renewal Cycle: _____ to _____
 Check One: ILT 1 ILT 2 ILT 3 Year in Licensure Cycle: _____
 Probationary, Experienced Career Status

NC Professional Teaching Standards

- | | |
|---|--|
| 1. Teachers Demonstrate Leadership | 4. Teachers Facilitate Learning for their Learners |
| 2. Teachers Establish a Respectful Environment for a Diverse Population of Learners | |
| 3. Teachers Know the Content They Teach | 5. Teachers Reflect on their Practice |

Goals for this Year (to be completed no later than October 1 each year)

Please complete each section in as much detail as possible. Special attention should be given to the timeline to ensure that times provided are specific and reasonable. Expected outcomes should demonstrate the impact of the professional goal on the learners. The school administrator should keep the original and signatures/updates must be added to that document.

Goal 1: _____

GOAL 1: Activities/Actions	Resources Needed	Timeline	Expected Outcomes	Evidence of Completion

Teacher Signature and Date: _____
 Administrator Signature and Date: _____
 Mentor Signature and Date (if applicable): _____

Goal 2: _____

Goal 2 Activities/Actions	Resources Needed	Timeline	Expected Outcomes	Evidence of Completion

Teacher Signature and Date: _____

Administrator Signature and Date: _____

Mentor Signature and Date (if applicable): _____

Goal 3: _____

Goal 3 Activities/Actions	Resources Needed	Timeline	Expected Outcomes	Evidence of Completion

Teacher Signature and Date: _____

Administrator Signature and Date: _____

Mentor Signature and Date (if applicable): _____

MID-YEAR REVIEW OF EACH GOAL (TO BE COMPLETED BETWEEN DECEMBER 1 AND FEBRUARY 1 EACH YEAR)

GOAL 1 UPDATE:

GOAL 2 UPDATE:

GOAL 3 UPDATE:

Supervisor's Comments:

Teacher Signature and Date: _____

Administrator Signature and Date: _____

Mentor Signature and Date (if applicable): _____

FINAL IGP REVIEW (TO BE COMPLETED BY THE TEACHER AND SUBMITTED BY APRIL 15)

GOAL 1:

GOAL 2:

GOAL 3:

WHAT I WOULD LIKE TO FOCUS ON NEXT YEAR:

Teacher Signature and Date: _____