PRINCIPAL/ASSISTANT PRINCIPAL/SCHOOL ADMINISTRATOR PERFORMANCE GROWTH PLAN

Name _____ **SSN** _____

Position _____ **Year** _____- _____

School/Program _____

List at least three (3) and no more than six (6) professional development goals that address the principal/assistant principal/school administrator's priorities as determined from the self-assessment and input from the supervisor. The goals should be clearly aligned to the State Board of Education Strategic Priorities, the Office of Education Goals, and the School Improvement Plan.

In completing the Performance Growth Plan, the Principal/Assistant Principal/School Administrator should identify specific goals and provide detailed strategies for how those goals will be accomplished. Evidences of Completion listed with the Strategies should be performance-based, specific, and measurable.

Additional pages may be added to allow for comments for the mid-year and year-end reviews.

Goal 1: _____

_____

Strategies and Evidences of Completion	Target Dates

Goal 2: _____

_____

Strategies and Evidences of Completion	Target Dates

Goal 3: _____

_____

Strategies and Evidences of Completion	Target Dates

Goal 4: _____

_____

Strategies and Evidences of Completion	Target Dates

Goal 5: _____

_____

Strategies and Evidences of Completion	Target Dates

Goal 6: _____

_____

Strategies and Evidences of Completion	Target Dates

In accordance with the evaluation, an additional local standard may be addressed for Instructional, Organizational, Moral/Ethical, and Managerial Leadership. In order for these additional standards to be valid, they must be listed and the expectation for success must be defined. List any local standards for evaluation below. Lines may be added as necessary.

Standard:_____
Area of Leadership: _____
Expectation for Success: _____
_____

Standard:_____
Area of Leadership: _____
Expectation for Success: _____
_____

Standard:_____
Area of Leadership: _____
Expectation for Success: _____
_____

Standard:_____
Area of Leadership: _____
Expectation for Success: _____
_____

SIGNATURES

- **INITIAL REVIEW** **DATE:** _____

_____ _____
P/AP/SA's Signature **Supervisor's Signature**

- **MID-YEAR REVIEW** **DATE:** _____

_____ _____
P/AP/SA's Signature **Supervisor's Signature**

- **SUMMATIVE EVALUATION CONFERENCE** **DATE:** _____

_____ _____
P/AP/SA's Signature **Supervisor's Signature**