

## Professional Development Plan

School Year: \_\_\_\_\_ Year: 1  2  3  4  Career Status   
 Lateral Entry: 1  2  3

Name: \_\_\_\_\_ Position/Subject Area: \_\_\_\_\_ School: \_\_\_\_\_  
 Mentor: \_\_\_\_\_ Position/Subject Area: \_\_\_\_\_ School: \_\_\_\_\_

(Required in the first three years for all beginning teachers)

<p><b>A. NC Professional Teaching Standards</b></p> <ol style="list-style-type: none"> <li>1. Teachers Demonstrate Leadership</li> <li>2. Teachers Establish a Respectful Environment for a Diverse Population of Students</li> <li>3. Teachers Know the Content They Teach</li> <li>4. Teachers Facilitate Learning for Their Students</li> <li>5. Teachers Reflect on Their Practice</li> </ol>	<p>Standard(s) to be addressed:</p>  <p>Elements(s) to be addressed:</p>
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**B. Teacher's Strategies**

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				
Goal 3:				

Teacher's Signature: \_\_\_\_\_ Mentor's Signature: \_\_\_\_\_ Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Plan: Individual  Monitored  Directed

Professional Development Plan – Mid-Year Review to be completed by (date) \_\_\_\_\_

Teacher: \_\_\_\_\_

Academic Year: \_\_\_\_\_

**C. Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced**

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**D. Narrative**

Teacher's Comments:	Mentor's Comments:	Administrator's Comments:
<p>Teacher's Signature: _____</p> <p>Date: _____</p>	<p>Mentor's Signature: _____</p> <p>Date: _____</p>	<p>Administrator's Signature: _____</p> <p>Date: _____</p>

