LEADS 2.0 Professional Growth Plan

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| **Administrator:** | **Observer:** |
| **Rating Status:**   * Beginning Administrator- Formative Year 1 * Beginning Administrator- Formative Year 2 * Beginning Administrator- Formative Year 3 * Career Administrator-Summative Year * Career Administrator – Formative Year 1 * Career Administrator – Formative Year 2 * Career Administrator – Formative Year 3 |  |

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Administrator Signature Date Observer Signature Date

DESE.Educator Effectiveness.Aug, 2019

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| |  |  |  | | --- | --- | --- | | **Professional Growth Goal** | | | | **Reflecting on current performance, what are your areas of strength?** | |  | | **State your goal.** | |  | | **Which rubric indicator(s) does this goal align with?** | | |  |  | | --- | --- | | **Domain 1: School Organization and Management** | **Domain 2: School Culture and Climate** | | 1a – Organizational Focus | 2a – Safe and Orderly | | 1b – School Plan | 2b – Equitable & Culturally Responsive | | 1c – Time Management | 2c – School Discipline System | | 1d – School Resource Management | 2d – Family and Community Engagement | | 1e – Shared Leadership and Responsibility | 2e – Collaborative Teaming | | **Domain 4: Human Capital Management** | **Domain 3: Teaching and Learning** | | 4a – Personal Professional Practice | 3a – Curriculum | | 4b – Personnel Management | 3b – Instruction | | 4c – Education Professional Capital | 3c – Observations and Ratings | | 4d – School Advocacy | 3d – Appropriate Instructional Support for All Students | | 4e – Contributions to the Profession | 3e – Effective Instructional Change Leadership | | | **Why is this goal important?** | |  | | **What is the gap between current performance and desired performance?** | |  | |  | **What factors may be contributing to the gap?** |  | |  | **What data confirms this?** |  | | **How will you address the problem to meet the specified goal?** | |  | |  | **What will you do?** |  | |  | **What will others Do?** |  | |  | **How will these steps help you accomplish the district or school goals?** |  | | **When do you hope to complete this goal?** | |  | |  | **How will you monitor progress?** |  | |  | **How will you know when you’ve achieved your goal?** |  | | **What will you do to ensure that this work is continued and becomes the way things are done at your school to enrich students & staff?** | |  | |

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| PGP Review Check-in Mid-Year End of Year | | Meeting Date: |
| Professional Growth Goal: | | |
| Goal steps or actions taken/achieved since previous meeting: | | |
| Progress  Continue Goal  Next Meeting Date: | Next Steps: | |
| Progress  Goal Achieved  What steps will you take to ensure this work is continued and becomes the way things are done at your school/district? | Next Steps: | |

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