

LEBANON SPECIAL SCHOOL DISTRICT

**FUTURE GROWTH PLAN**

EDUCATOR NAME: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

**Area to be Strengthened (Area for Growth):** *State the Performance Standard. [Should relate directly to the Comprehensive Assessment--Summative Report]*

**Professional Growth Goal(s) of this Plan:** State your professional growth goal(s) in measurable or observable terms.

**Action Plan:** *Describe the actions you plan to take to accomplish this goal, including **timelines** for completion of each action. (What will you do to increase your knowledge in accomplishing your professional growth goal(s)?)*

The Professional Growth Plan stated above has been reviewed and is appropriate for implementation beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Month/Year

Month/Year

\_\_\_\_\_  
Educator/Date

\_\_\_\_\_  
Evaluator/Date