RUSSELL COUNTY SCHOOLS
CERTIFIED PROFESSIONAL GROWTH PLAN

Certified Employee Name_____ School_____ Date_____

*Please complete and turn in to your immediate supervisor by **Sept. 15th** of the current school year. Final review with any necessary revisions or additions of PGP will be done by April 1st. The **original copy** of PGP will be sent to local board of education by **May 30th** to be kept on file in personnel folder.*

Each goal and action plan together should answer the following questions:

1. Based upon available evidence, what do I want to change about my practices that will positively impact student learning? (Goal)

2. How can I develop a plan of action to address my professional learning? (Procedures/Activities)

3. How will I know if I accomplished my objective? Expected Impact)

4. How does your professional growth plan contribute to your school's overall improvement goals? (Expected Impact)

Professional Growth Goal(s):

Procedures and Activities for Achieving Goal:

Expected Impact:

Comments:

Initial PGP:

☐ **Approved**	☐ **Not Approved**

Certified Employee's Signature _____ **Date** _____

Supervisor's Signature _____ **Date** _____