OTTAWA-GLANDORF SCHOOLS

(check one)

_____ **Professional Goal-Setting Tool**

_____ **Improvement Plan**

Name_____

Building_____

Date_____

SMART (specific, measurable, attainable, relevant, and time-bound) Goal 1:

Action Steps for Goal 1	Evidence	Timeline

SMART (specific, measurable, attainable, relevant, and time-bound) Goal 2:

Action Steps for Goal 2	Evidence	Timeline

PLEASE PRINT THIS FORM AT THIS TIME. **CLEAR FORM**

Evaluator Signature **Date**

Teacher Signature **Date**

The signatures above verify that the teacher and evaluator have discussed and agreed upon this Professional Growth Plan.