# APPENDIX N.

Certificated Support Employee

Professional Growth Plan Goal(s) Statement

|  |  |
| --- | --- |
| **Employee’s Name:** |  |
| **Year:** |  |
| **School:** |  |
| **Supervisor:** |  |

1. **The Goal(s) of my Professional Growth Plan is (are):**
2. **Expectations of others (colleagues, students, supervisors, etc.):**
3. **In achieving my goal(s), I will evaluate my success by the following:**
4. **Timelines:**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Dates** | **Resources** |
|  |  |  |

1. **Summary of Outcomes:**

**The following paragraph(s) report the conclusions of my Professional Growth Plan (attach pages as necessary):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Date:** |  |