

**SOUTH SHORE REGIONAL SCHOOL BOARD**  
**Teacher Professional Growth Plan**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

School Year: \_\_\_\_\_ Year in Formative Cycle:            2<sup>nd</sup>            3<sup>rd</sup>            4<sup>th</sup>

Assignment: \_\_\_\_\_  
\_\_\_\_\_

Plan Specifics

Goal	Activities	Resources	Indicators of Success	Time Line

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I see this plan as impacting whole child education (socially, emotionally, academically, and physically) in the following ways:

Supervisor comments – October

Plan reviewed (by October 15<sup>th</sup>) – Supervisor's Signature: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_

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Teacher comments – February

Teacher comments – May

Supervisor comments – May

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to: Teacher, Supervisor, Teacher's Personal File