

Appendix 5c – Individual Educator Professional Development Plan Template

Individual Educator Professional Development Plan

School District:

School Year:

Educator Name:

Building:

Evaluator Name:

Date:

Goal for Professional Growth (SMART Goal format suggested.):

Alignment to Building and/or District Student Learning Goals:

Action Plan

Actions Steps	Indicators of Success	Time Frame

Annual Review

	Summary of Goal Status	Additions (If additional goals are added, provide rationale, indicators, and resources needed.)	Date of Annual Review (Include Educator and Evaluator Initials.)
Year 1			
Year 2			
Year 3			

Educator Signature:

Date:

Evaluator Signature:

Date:

Appendix 6a – Tier 3 Intensive Assistance

Awareness Phase – Identification of Concern Form

Teacher:

Evaluator/Administrator:

Date:

Step 1: Identification of Specific Concerns Regarding the Iowa Teaching Standards

Iowa Teaching Standard and Criteria	Evidence to Support Concern

Step 2: Establish Meeting to Discuss Identified Standards and Supporting Evidence

Next Meeting Date:

Location:

Time:

Step 3: Signatures

Teacher Signature:

Date:

Evaluator/Administrator Signature:

Date:

Appendix 6b – Tier 3 Intensive Assistance

Awareness Phase – Final Summary Form

Teacher:

Evaluator/Administrator:

Date:

Step 1: Specific Concerns Regarding the Iowa Teaching Standards

Iowa Teaching Standard and Criteria	Evidence to Support Concern

Step 2: Evaluator/Administrator Comments and Recommendation(s) Addressing the Concerns

___ Concern Resolved. Return to Tier 2 – Career Teacher.

___ Concern Not Resolved. Recommend to Tier 3 Intensive Assistance – Assistance Phase.

Step 3: Teacher Comments

Step 4: Signatures

Teacher Signature:

Date:

Evaluator/Administrator Signature:

Date:

Appendix 6c – Tier 3 Intensive Assistance

Assistance Phase – Plan of Assistance Form

Teacher:

Evaluator/Administrator:

Date:

Specific Concern – Iowa Teaching Standard	Plan (Method/Strategies) to Address Concern	Proposed Timeline	Indicators/Evidence of Progress	Resources/Support Needed

Establish Next Meeting Date to Review Progress:

Teacher Signature:

Date:

Evaluator/Administrator Signature:

Date:

Appendix 6d – Tier 3 Intensive Assistance

Assistance Phase – Plan of Assistance Progress Form

Teacher:

Evaluator/Administrator:

Date:

Specific Concern – Iowa Teaching Standard	Plan – Method/Strategies used to date.	Indicators/Evidence of Progress	Resources/Support Utilized to Date	Next Steps to Achieving Success

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Establish Next Meeting Date to Review Progress:

Teacher Signature:

Date:

Evaluator/Administrator Signature:

Date:

Appendix 6e – Tier 3 Intensive Assistance

Assistance Phase – Final Summary Form

Teacher:

Evaluator/Administrator:

Date:

Written Summary of Assistance Phase Plan Successes and Concerns

(Include specific evidence related to the Iowa Teaching Standards and Criteria collected throughout the Assistance Phase.)

What Iowa Teaching Standards and Criteria, if any, have not been met?

(Include specific evidence to make the determination.)

Future Considerations Regarding the Teacher's Practice

(Include specific concrete actions connected to the identified Iowa Teaching Standards and Criteria.)

Teacher Comments:

Evaluator/Administrator Comments:

Evaluator/Administrator Recommendation

- Concern Resolved. Return to Tier 2 Career Teacher.
- Progress Noted. Extend Assistance Plan Timeline. Develop and Implement a Revised Plan.
- Concerns Not Resolved. No Progress Noted. Recommend Non-renewal of Contract.

Teacher Signature:

Date:

Evaluator/Administrator Signature:

Date: