

**PROFESSIONAL GROWTH PLAN**

**PROFESSIONAL GROWTH PLAN—GCOA-E2**

By Sept. 30 of each school year, this form is to be completed by all teachers. The teacher and administrator each retain a copy.

Teacher: \_\_\_\_\_ Coach/mentor: \_\_\_\_\_  
 Position: \_\_\_\_\_ School: Select One  
 Administrator: \_\_\_\_\_ Track: \_\_\_\_\_  
 Approval date: [Click here to enter a date](#)

Outcomes:  
  
 Connection to school and divisional/provincial priorities:  
  
 Strategies:  
  
 Expected student outcomes:  
  
 Indicators of success:

Copies have been:  Returned to the teacher  
 Placed in the teacher's file at the school  
 Placed in the teacher's file at the Administration Offices

\_\_\_\_\_  
 Teacher signature

\_\_\_\_\_  
 Administrator signature

\_\_\_\_\_  
 Date