

**SPOKANE PUBLIC SCHOOLS**  
**Professional Growth Planning Form**

Name: \_\_\_\_\_ Location: \_\_\_\_\_ School Year: \_\_\_\_\_

**The mission of the Spokane Public Schools is to develop the skills and talents of all students through rigorous learning experiences, relevant real-life applications, and supportive relationships.**

1. Professional goals that are to be the focus of my Professional Growth Plan activities and discussion (One to three goals related to the district/building goals.)
  
2. What is the plan of action for achieving my goal(s)?
  
3. How can my supervisor help me to achieve my goal(s)?
  
4. Who will be involved, and in what capacity, in working with me to achieve my goals?
  
5. How will I measure my success in achieving my goals?
  
6. Signatures:  
    Certificated Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_  
    Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by October 15

Distribution: 1 copy to employee  
                  1 copy to supervisor (to be returned to employee at year end)