

Spokane Public Schools
Option 3
Professional Growth Plan Verification Form

Name: _____ Location: _____

Supervisor: _____ School Year: _____

Assignment: _____

TO BE COMPLETED BY CERTIFICATED STAFF MEMBER:

Professional Goal(s): (List as identified on the Professional Growth Planning Form.)

Progress Made on Identified Goal(s):

Self-Assessment Measurements or Processes Used:

TO BE COMPLETED BY SUPERVISOR:

- Professional Growth Planning Form was completed. Activities and progress toward goal attainment were verified.
- Through conversations, meetings, observations, and/or feedback, _____'s overall performance has been documented in accordance with statutory requirements.

TO BE COMPLETED JOINTLY BY STAFF MEMBER AND SUPERVISOR:

(Decisions may be altered if either the employee or the supervisor leaves the location/program)

- Eligible and continuing in Option 3 for next year
- Eligible and participating in Option 2 for next year
- Returning to Option 1 for next year

Date: _____ Employee Signature: _____

Supervisor Signature: _____

To be completed by June 1.

Distribution: 1 copy to employee
1 copy to supervisor
1 copy to permanent employee file