

**Holton Public Schools
Professional Growth Plan (PGP)
(Non-Instructional Administrators / Unaffiliated Staff)**

This form is to be completed by the staff member participating in this PGP and may be modified or rejected by the evaluator.

Employee's Name: _____ **Department:** _____

1. Please identify one goal or objective that will be accomplished during the 2015-2016 school year.

Goal / Objective #1	
Baseline data – Where are we currently at?	
Growth target – Where do we want to be?	
Target timeline – When will the goal be accomplished?	

Multiple measures of data are encouraged to be used when demonstrating goal progress to increase validity and reliability.

2. Indicators: What evidence will be provided to the evaluator to demonstrate progress on these goals?

This finalized / signed form is due to the evaluator within 10 working days of the initial PGP discussion.

Employee's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

The signature of the evaluator expresses approval and support of the above documented Professional Growth Plan (PGP) and that the goals fall within the established criteria of the evaluation framework.