Holton Public Schools
Professional Growth Plan (PGP)
Instructional Administrators

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

Principal: _____   **Building:** _____   **Date:** _____

1. Teacher Performance Results Success Goal based on percentage or number of teachers who show satisfactory progress or growth on student achievement goals.
   See School Advance™ Characteristic 1.1a.

2. Student Achievement Growth Goals from the School Improvement Plan Goals/Objectives.
   See School Advance™ Characteristic 1.1b and 1.1c. See example goals in Appendix A.

Goal #1	
Student Goal Statement	
Gap Statement	
Assessment tool(s) used	
Target timeline	
Measurable Objective Statement	

Goal #2	
Student Goal Statement	
Gap Statement	
Assessment tool(s) used	
Target timeline	
Measurable Objective Statement	

Goals and assessment tools must be based, in significant part, on national, state, or local assessment data or other objective criteria. Multiple measures of learning are encouraged to increase validity and reliability. Samples are provided in Appendix A.

1. Effectiveness/Behavior Goals taking into account the School Advance™ Characteristics for Effective Principal Leadership and/or the School Improvement Framework staff survey results.
   See School Advance™ Characteristic 1.1d.

Principal's signature: _____ Date: _____
This finalized/signed form is due to the evaluator within 10 working days of the actual PGP Discussion

Evaluator's signature: _____ Date: _____
The signature of the evaluator expresses approval and support of the above documented Professional Growth Plan and that the goals fall within the established criteria in the Principal Leadership Framework and Evaluation Program Handbook

Copies: Staff member   Evaluator   Personnel file