**Bond County Community Unit School District No. 2**

**Tenured Teacher Professional Development Plan**

Teacher’s Name:       Evaluator:

School:       Date of Needs Improvement Evaluation:

**Performance Area(s) for Improvement *(Reference Evaluation Framework Domain and Component/s):***

Goals/Objectives\*



|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Objective Addressed** | **Resources, Activities, Strategies** | **Person(s) Responsible** | **Indicators of Progress\*\*** |
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Follow-up/Modifications\*\*\*

|  |  |  |
| --- | --- | --- |
| Plan Created (Date m/d/yyy) | Teacher Initials | Evaluator Initials |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*In this section be sure to list the Performance Area that each Goal/Objective is designed to address.

\*\*Documentation should include dates of the completion/use of any strategy, resource, or activity and any artifacts, which can be attached to the end of this document, that support /demonstrates its use.

\*\*\*Indicators *of Progress* should be given for follow-ups as well as rationale for modifications made to the plan.­­­