

Louisiana Teacher Assistance and Assessment Program
New Teacher Professional Growth Plan
Instructions for Completion
Regular Education or Special Education – I

General Information:

Check only one box. Note: This plan is for the Assistance or Assessment Period. The Assistance and/or Assessment Team must accurately complete the new teacher's demographic information (i.e., items 1 – 6).

Growth Objectives:

- 7. Component/Attribute:** Enter the appropriate Component and Attribute from the *Louisiana Components of Effective Teaching* targeted for improvement.
- 8. Growth Objective(s):** Write the corresponding growth objective(s) in terms that are reflective of the desired outcomes. A minimum of two growth objectives should be developed. Note: A separate form must be used for each growth objective.
- 9. Expected Impact on Student Learning/Achievement:** Identify the expected impact on student learning/achievement as a result of the completion of the growth objective(s).
- 10. Strategies/Activities:** Identify an appropriate strategy from *Strategies for Effective Teaching in the 21st Century*, or list the activities involved in achieving the desired growth objective(s).
- 11. Resources Needed:** Enter the resources from *Strategies for Effective Teaching in the 21st Century*, or list whatever resources are needed to complete the growth objective(s).
- 12. Timeline:** Develop a timeline for the accomplishment of each growth objective(s). The timeline must include month, date, and year. Beginning and ending dates must be indicated.
- 13. Expected Evidence of Attainment:** List the evidence that will be presented and/or the methods that will be used to determine if the growth objective(s) is attained.
- 14. Team Signatures/Date:** All team members and the new teacher must sign and date the plan after the conference.

Reflections:

Check only one box – Assistance Period or Assessment Period. Note: The new teacher will complete items 15, 16, 17, and 18 for both objectives.

- 15. Reflections on Progress Toward Attaining Growth Objective:** The new teacher should describe what was learned and his/her progress toward accomplishing the desired growth objective(s).
- 16. Evidence of Completion:** The new teacher should include evidence or methods that were used to determine the progress made toward attaining the growth objective(s). This evidence should match the expected evidence in Section 13.
- 17. Evidence of Positive Impact on Student Learning/Achievement:** The new teacher must present evidence of positive impact on student learning/achievement/development (e.g., documentation such as observations, pre-tests and scores, inclusion of strategies/activities in lesson plan(s), and post-tests and scores). Note: If the timeline was too short to allow for evidence of a positive impact on student learning/achievement, the teacher must include evidence of a positive impact on his/her instruction.
- 18. Additional Professional Growth:** The new teacher must list additional ideas or strategies from resources (i.e., books, professional journals, websites, etc.) or colleagues that were employed to improve teaching and learning in the classroom. An explanation of how the additional strategies impacted instruction as well as student learning/achievement should be included.
- 19. Team Leader Comments:** The team leader should summarize any additional comments on the new teacher's progress and evaluate the completion of each growth objective including the impact on student learning/achievement. The team leader must sign and date the form.
- 20. New Teacher Comments:** The new teacher should include any reactions and/or comments about the completion of his/her growth objective(s) and the impact on student learning/achievement. The new teacher must sign and date the form.

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Assistance Period

Assessment Period

1. New Teacher Name:

**2. Last 4 Digits of Teacher's
Social Security Number:**

3. Date Plan Developed:

4. District Name:

5. School/Site Name:

6. Position:

7. Component/Attribute:

8. Growth Objective 1:

9. Expected Impact on Student Learning/Achievement:

10. Strategies/Activities:

11. Resources Needed:

12. Timeline:

13. Expected Evidence of Attainment:

14. Principal/Designee: _____
Signature

Assessor: _____
Signature

New Teacher: _____
Signature

Date: _____

Date: _____

Date: _____

REFLECTIONS (*Check only one.*)

Assistance Period

Assessment Period

15. Reflections on Progress Toward Attaining Growth Objective 1:

16. Evidence of Completion:

17. Evidence of Positive Impact on Student Learning/Achievement:

18. Additional Professional Growth:

19. Optional Team Leader Comments:

Team Leader Signature/Date: _____/_____

20. Optional New Teacher Comments:

New Teacher Signature/Date: _____/_____

Assistance Period <input type="checkbox"/>		Assessment Period <input type="checkbox"/>	
1. New Teacher Name:		2. Last 4 Digits of Teacher's Social Security Number:	3. Date Plan Developed:
4. District Name:		5. School/Site Name:	6. Position:
7. Component/Attribute:	8. Growth Objective 2:		
9. Expected Impact on Student Learning/Achievement:			
10. Strategies/Activities:			
11. Resources Needed:		12. Timeline:	13. Expected Evidence of Attainment:
14. Principal/Designee: _____ Signature		Assessor: _____ Signature	New Teacher: _____ Signature
Date: _____		Date: _____	Date: _____

15. Reflections on Progress Toward Attaining Growth Objective 2:

16. Evidence of Completion:

17. Evidence of Positive Impact on Student Learning/Achievement:

18. Additional Professional Growth:

19. Optional Team Leader Comments:

Team Leader Signature/Date: _____ / _____

20. Optional New Teacher Comments:

New Teacher Signature/Date: _____ / _____