

ZACHARY COMMUNITY SCHOOL SYSTEM PROFESSIONAL GROWTH PLAN/ SELF EVALUATION/ POSITION DESCRIPTION YEAR _____

LOCATION _____ NEW PLAN _____ REVIEW _____

EMPLOYEE _____ POSITION _____ SOCIAL SECURITY # _____

I. Objectives - What area do you want to strengthen or enhance? (Topic)

Professional Growth Plan Modification (if any)

II. Rationale - Why do you want to strengthen or enhance this area? (Purpose)

Completion of Self-Evaluation ____Yes ____No

III. What is your Plan of Action? (Activities)

Position Description Review

(Signature indicates that the evaluator has reviewed the performance responsibilities for the position.)

IV. What are the Criteria for Evaluation?

Fall

Evaluator's Signature Date Evaluatee's Signature Date

Spring

Evaluator's Signature Date Evaluatee's Signature Date

Evaluator's Signature Position Date

(Signature indicates that the evaluatee has reviewed the performance responsibilities for the position and has indicated such to the evaluator.)

Evaluatee's Signature Position Date