

# ZACHARY COMMUNITY SCHOOL SYSTEM PROFESSIONAL GROWTH PLAN/ SELF EVALUATION/ POSITION DESCRIPTION YEAR \_\_\_\_\_

LOCATION \_\_\_\_\_ NEW PLAN \_\_\_\_\_ REVIEW \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ POSITION \_\_\_\_\_ Employee ID # \_\_\_\_\_

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