

Regional School Unit #19

Professional Goal Template

NAME:	POSITION/SUBJECT	SCHOOL:

ADMINISTRATIVE APPROVAL: (Signature)	DATE:

GOAL STATEMENT:

CORE PROP with SI	ACTION STEPS (Identify (2-4) action steps you will take to achieve your professional goal)	EVIDENCE (Identify one artifact you will provide that is directly aligned to each action step.)

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REFLECTION: (Briefly respond to each prompt)

How will these action steps impact your professional practice?

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How might you share what you've learned with colleagues to help build capacity in our school/district community?

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