

Lafayette Parish School System
Professional Growth Plan
Form LPSB9

Evaluatee: _____ Position: _____

Location: _____ (Circle One) 1-year plan 2-year plan

I. Objective _____

II. Rationale (Explain how objective will strengthen and enhance job performance.)

III. Plan of Action (Explain how you will achieve this objective and include time lines.)

IV. Criteria for Evaluation (How will achievement of the objective be assessed?)

Evaluatee signature: _____ Date: _____
Evaluator signature: _____ Date: _____

V. Annual Assessment of Objective Attainment

Year 1 (Check one)

Achieved objective

Partially achieved objective

Objective not achieved *Comments or revisions may be attached.*

Evaluatee signature: _____ Date: _____
Evaluator signature: _____ Date: _____

Year 2 (Check one)

Achieved objective

Partially achieved objective

Objective not achieved

Commendations/Recommendations: _____

Evaluatee signature: _____ Date: _____
Evaluator signature: _____ Date: _____