

TEACHER EVALUATION PROFESSIONAL DEVELOPMENT PLAN

(To be completed within 30 days of a needs improvement rating)

Participant Names/Titles	
1)	2)
3)	4)
5)	6)
7)	

Area in Needs of Improvement	
Methods, Resources, & Time Frame to Address Area in Need of Improvement:	

Additional Resources Needed:	Updates: (every 40 days)
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Evaluation Date during the 20__ - 20__ School Year:

Administrator Signature / Date

Teacher Signature / Date