

Mason County Schools  
Individual Professional Growth Plan\*

Name Michael Wipe

Date \_\_\_\_\_

School Year \_\_\_\_\_

Present PD Stage	Standard(s)	Objectives	Procedures and Activities	Expected Impact	Additional Support	Dates for Completion or Review
O/A: Orientation Awareness P/A: Preparation Application I/M: Implementation Management R/I: Refinement Impact	1. Leadership 2. Content Knowledge 3. Planning Instruction 4. Learning Climate 5. Implements Instruction 6. Learning Results 7. Reflects/Evaluates 8. Collaboration 9. Professional Development 10. Technology	what you want to work on Different	How you'll do it Creating lesson plans that reach the different learning methods and personality types over time.	what you hope to see All students involved in the learning.	Resources MSC Rachel McAbee	
O/A: Orientation Awareness P/A: Preparation Application I/M: Implementation Management R/I: Refinement Impact	1. Leadership 2. Content Knowledge 3. Planning Instruction 4. Learning Climate 5. Implements Instruction 6. Learning Results 7. Reflects/Evaluates 8. Collaboration 9. Professional Development 10. Technology	Classroom fine management	Designing lesson plans to fit the time frame and requiring hands to be raised and students to be called on before answering questions (Leads to better questioning)	Able to see all students involved at all times available.	MSC Rachel McAbee	

Development of Plan:	Review of Plan	Status of Plan at Annual Review	Certified Assistance Program Review Status
Date: _____ Employee Signature: _____ Date: _____ Supervisor Signature: _____	Date: _____ Employee Signature: _____ Date: _____ Supervisor Signature: _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Revised <input type="checkbox"/> Continued <input type="checkbox"/> Placed in Certified Assistance Program	(If applicable) <input type="checkbox"/> Meets <input type="checkbox"/> Growth Needed <input type="checkbox"/> Does Not Meet

\*Individual Professional Growth Plan MUST align with specific goals and objectives of the school and/or district improvement plan.  
(Optional: Comments from employee or supervisor can be included on the back of this form.)

Check here if comments were written on the back of this form.