

# Self-Evaluation Form

The Self-Evaluation Form is used by the teacher prior to developing a Professional Development Plan. This form should be shared with the administrator/supervisor when conferencing for the PDP.

Teacher \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Professional Development Plan Option \_\_\_\_\_

1. What has been the most positive aspect of your instructional practice over the last few years?

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2. What area of instruction gives you the most difficulty?

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3. Which one of the goals, as enumerated in the Show-Me Standards or district curriculum guide, do you feel your students were successful in reaching this past year? What evidence can you use to show this success?

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4. Which goal would you target as an area for your students to improve?

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5. If you had last year to do over, what would you change?

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6. What are some of your activities or ideas that you would share with others?

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7. What would you like to learn more about, whether it be from another teacher, a special training program, or other resources?

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8. In working with parents/guardians, what skills do you possess that allow for positive and productive outcomes?

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9. What are your strengths as a teacher?

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10. What areas of your teaching would you like to improve?

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# Professional Development Plan

Enrichment       1st/2nd-year teacher

NOTE: As a part of the Professional Development Plan, it is strongly suggested that teachers remain aware of PCI, PCII, and CPC license renewal processes so that requirements for renewal can become part of the Professional Development Plan.

Teacher \_\_\_\_\_ School \_\_\_\_\_

Grade/Subject \_\_\_\_\_

Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Criteria:** (Note: Teachers in 1st and 2nd year will address all 20 criteria in a professional portfolio.)

Refer to attached list.

Related Building/CSIP Goal(s):

Objectives (applicable descriptors):

Professional Development Plan

Strategies for achieving objective(s):  
(Teacher and administrator/supervisor responsibilities)

Teacher will:

Administrator/supervisor will:

Assessment methods and timelines:

Teacher's comments:

Administrator's/Supervisor's comments:

Plan developed:

\_\_\_\_\_  
Date / /  
Teacher's signature

\_\_\_\_\_  
Date / /  
Administrator's/Supervisor's signature

Plan completed \_\_\_\_\_

Plan revised \_\_\_\_\_

Plan continued \_\_\_\_\_

Date plan reviewed

\_\_\_\_\_  
Date / /  
Teacher's signature

\_\_\_\_\_  
Date / /  
Administrator's/Supervisor's signature

Signatures indicate that the above has been reviewed and discussed. Copies to teacher and administrator/supervisor.