

# Educator Individual Development Plan

Educator: \_\_\_\_\_

School: \_\_\_\_\_

Administrator: \_\_\_\_\_

## A. Goal for the Educator

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## B. Activities and Steps to be Completed by the Educator

List at least three activities and/or steps to be completed by the educator.	Date	Initials

## C. Artifacts and/or Data to be Collected from the Educator

List at least three artifacts and/or pieces of data to be collected by the educator for evidence of completing the goal.	Date Due	Initials

**D. Observations to Check for Educator Development (Use this section if goal is instructional.)**

Observation Date	Observer	Observation Score	Feedback Conference Date

**Educator Self-Assessment (To be completed before the final review.)**

*Describe what you learned during the process of completing the Individual Development Plan. How did you improve? How did you incorporate change into your daily instruction?*

**Data Showing Completion or Progress Toward Individual Development Plan Goal**

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**FINAL REVIEW CONFERENCE**

**Educator Comments**

**Administrator Comments**

Blank area for Educator Comments

Blank area for Administrator Comments

**Educator Signature**

**Date**

**Administrator Signature**

**Date**