

Educator Plan Form



Educator—Name/Title: _____

Primary Evaluator—Name/Title: _____

Supervising Evaluator, if any—Name/Title/Role in evaluation: _____

School(s): _____

Educator Plan: Self-Directed Growth Plan Directed Growth Plan
 Developing Educator Plan Improvement Plan (Additional detail may be attached if needed)

Plan Duration: 2-Year One-Year Less than a year _____

Start Date: _____ End Date: _____

Goal Setting Form with final goals is attached to the Educator Plan.

Some activities may apply to the pursuit of multiple goals or types of goals (student learning or professional practice). Attach additional pages as necessary.

This Educator Plan is “designed to provide educators with feedback for improvement, professional growth, and leadership,” is “aligned to statewide Standards and Indicators in 603 CMR 35.00 and local Performance Standards,” and “is consistent with district and school goals.” (see [603 CMR 35.06 \(3\)\(d\)](#) and [603 CMR 35.06\(3\)\(f\).](#))

Signature of Evaluator _____ Date _____

Signature of Evaluator _____ Date _____

* As the evaluator retains final authority over goals to be included in an educator’s plan (see [603 CMR 35.06\(3\)\(c\)](#)), the signature of the educator indicates that he or she has received the Goal Setting Form with the “Final Goal” box checked, indicating the evaluator’s approval of the goals. The educator’s signature does not necessarily denote agreement with the goals. Regardless of agreement with the final goals, signature indicates recognition that “It is the educator’s responsibility to attain the goals in the plan and to participate in any trainings and professional development provided through the state, district, or other providers in accordance with the Educator Plan.” (see [603 CMR 35.06\(4\)](#))

Educator—Name/Title: _____

Student Learning Goal(s): Planned Activities <i>Describe actions the educator will take to attain the student learning goal(s). Activities may apply to individual and/or team. Attach additional pages as needed.</i>			
Action	Supports/Resources from School/District¹	Timeline or Frequency	Eligible for PDPs² • Number • Content/Pedagogy/Other

Professional Practice Goal(s): Planned Activities

*Describe actions the educator will take to attain the professional practice goal(s).
Activities may apply to individual and/or team. Attach additional pages as needed.*

Action	Supports/Resources from School/District ¹	Timeline or Frequency	Eligible for PDPs ² <ul style="list-style-type: none"> • Number • Content/Pedagogy/Other

¹ Must identify means for educator to receive feedback for improvement per [603 CMR 35.06\(3\)\(d\)](#)

² Intended for planning purposes and recommended for educators seeking professional license renewal per [603 CMR 44](#). The Evaluator's signature does not represent initial approval or final endorsement for the Individual Professional Development Plan.