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| **Teacher Name:**  |  |
| **School Year:**  |  |
| **Subject(s) & Grade Level(s):** |  |
| **Professionally Certified:** [ ] Yes [ ] No *If no, a Certification Plan must also be in place.* |
| **Professional Certification Subject Area(s)**:  | **Expiration Date**:  |
| **Out-of-Field**: [ ] Yes [ ] No *Select yes if you teach more than one period in a subject/grade for which you are not certified.* |
| **Catechist Certified**: [ ] Yes [ ] No  |
| **If no, which classes have been taken:** \_\_\_ Sacred Scripture \_\_\_ Profession of Faith: Creed \_\_\_ Liturgy and Sacraments \_\_\_ Catholic Morality: Life in Christ | **If yes, expiration date**: |
| **Self-Assessment:** *Current strengths, weaknesses, issues, and/or gaps in achieving career objectives? How/what do you want to learn/improve this school year?*  |
| **Professional Growth Goal(s):**  |
| **Action Plan** | **Implementation** | **Reflection** |
| *What will you do to achieve this goal?* | *Date:* | *Title of PD/Workshop/Training:* | *# of PD Points (MIP):* | *How will you incorporate this training into your teaching or leadership?* |
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**Teacher Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Conference** **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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