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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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