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)).
<table>
<thead>
<tr>
<th>Action</th>
<th>Supports/Resources from School/District</th>
<th>Timeline or Frequency</th>
<th>Eligible for PDPs²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Content/Pedagogy/Other</td>
</tr>
</tbody>
</table>

**Student Learning Goal(s): Planned Activities**

*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.*
### 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.*

<table>
<thead>
<tr>
<th>Action</th>
<th>Supports/Resources from School/District&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Timeline or Frequency</th>
<th>Eligible for PDPs&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
</table>
|        |                                               |                       | • Number  
|        |                                               |                       | • Content/Pedagogy/Other     |

<sup>1</sup> Must identify means for educator to receive feedback for improvement per 603 CMR 35.06(3)(d)

<sup>2</sup> 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.