*Iowa Valley Community Schools*

*Individual Career Development Plan*

|  |  |  |
| --- | --- | --- |
| Teacher Name | Building | Date |
|  |  |  |

|  |
| --- |
| Names of other teachers involved if any: |
|  |

|  |
| --- |
| General Focus of the Plan: |
|  |

|  |
| --- |
| Specific Goal: (Written in a manner that allows for progress to be noted.) |
|  |

|  |
| --- |
| Rationale for the plan: |
| What student learning concerns will this plan address and what data is used for analyzing the goals and progress? |
|  |
| How does this plan relate to building and/or district student achievement goals? |
|  |
| How will the strategies and activities in this plan lead to accomplishing the goal? |
|  |

Check the Iowa Teaching Standards that are addressed in this plan:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. Enhance Student Achievement |  | 5. Monitoring Student Learning |
|  | 2. Content Knowledge |  | 6. Classroom Management |
|  | 3. Planning and Preparation |  | 7. Professional Growth |
|  | 4. Instructional Strategies |  | 8. Professional Responsibilities |

|  |
| --- |
| Action Plan with Timeline: |
|  |

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| --- |
| Resources Desired to Implement the Plan: |
|  |

|  |
| --- |
| Expected Learning and Incorporation into the classroom as a result of the Plan: |
|  |

|  |  |
| --- | --- |
| Teacher Signature/s and Date | Evaluator Signature and date |
|  |  |

Copy to be placed in personnel file

*Iowa Valley Community Schools*

*Individual Career Development Plan*

*Mid Year Reflection/Update*

|  |  |  |
| --- | --- | --- |
| Teacher Name | Building | Date |
|  |  |  |

|  |
| --- |
| What progress have you made toward the completion of the plan? |
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|  |
| --- |
| What are you learning? |
|  |

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| --- |
| What impact is this learning having on students? |
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| --- |
| Specifically, what needs to be done to complete the plan? |
| . |
| Are there any revisions needed? |
|  |

|  |  |
| --- | --- |
| Teacher Signature and Date | Evaluator Signature and date |
|  |  |

Copy to be placed in personnel file

Signature of the teacher does not indicate that the teacher agrees with the content of the review, only that s/he received a copy.

*Iowa Valley Community Schools*

*Individual Career Development Plan*

*End of the Year Report*

*(To be provided for the Performance Review)*

|  |  |  |
| --- | --- | --- |
| Teacher Name | Building | Date |
|  |  |  |

|  |
| --- |
| What are the results, outcomes and/or products of this plan? |
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|  |
| --- |
| What has been learned as a result of this plan? |
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| --- |
| As a result of this experience, what might be the focus of the next Career Development Plan? |
|  |

|  |
| --- |
| Teacher comments and reflections: |
|  |

|  |
| --- |
| Administrator comments and reflections: |
|  |

|  |  |
| --- | --- |
| Teacher Signature and Date | Evaluator Signature and date |
|  |  |

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