

# SOUTH CAROLINA PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

Academic School Year: \_\_\_\_\_

District: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Principal \_\_\_\_\_

Name of Evaluator \_\_\_\_\_ Position \_\_\_\_\_

# PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

## GOAL #1:

*NOTE: GOALS are not achieved without carefully **detailed** planning. Be specific and clear.*

1. STRATEGIES/ACTIVITIES-WHAT SHOULD I <u>DO</u> TO ACCOMPLISH MY GOAL?	- - - - -
2. PROGRESS-HOW WILL I <u>MEASURE</u> PROGRESS (FOR <u>EACH</u> STRATEGY)? INDICATE BY WHAT <u>DATE</u> EACH STRATEGY BE COMPLETED.	- - - -
3. OBSTACLES-WHAT OBSTACLES WILL I OVERCOME TO ACCOMPLISH MY GOAL?	- - - -
4. SUPPORTERS- <u>WHO</u> CAN HELP ME TO ACHIEVE MY GOAL? WHOM DO I NEED TO INVOLVE TO ACHIEVE "BUY-IN"? NOTE: THESE ARE OFTEN YOUR "CHEERLEADERS".	- - - -
5. REWARDS-WHAT WILL I SAY OR DO WHEN I EXPERIENCE SUCCESS?	- - -
6. RESOURCES-WHAT INTERNAL/EXTERNAL <u>RESOURCES</u> WILL I USE? NOTE: THESE ARE THE <i>SOURCES OF KNOWLEDGE</i> TO ACCOMPLISH YOUR GOAL.	- - - -
7. RESULTS-WHAT GOOD/POSITIVES WILL BE ACCOMPLISHED FROM MY GOAL? (FOR YOUR STUDENTS? FOR YOUR STAFF? FOR YOU? FOR YOUR DISTRICT/ COMMUNITY?)	- - - -

## PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

### GOAL #2

*NOTE: GOALS are not achieved without carefully **detailed** planning. Be specific and clear.*

1. STRATEGIES/ACTIVITIES-WHAT SHOULD I <u>DO</u> TO ACCOMPLISH MY GOAL?	- - - - -
2. PROGRESS- HOW WILL I <u>MEASURE</u> PROGRESS (FOR <u>EACH</u> STRATEGY)? INDICATE BY WHAT <u>DATE</u> EACH STRATEGY BE COMPLETED.	- - - -
3. OBSTACLES-WHAT OBSTACLES WILL I OVERCOME TO ACHIEVE MY GOAL?	- - -
4. SUPPORTERS- <u>WHO</u> CAN HELP ME TO ACHIEVE MY GOAL? WHOM DO I NEED TO INVOLVE TO ACHIEVE "BUY-IN"? NOTE: THESE ARE OFTEN YOUR "CHEERLEADERS".	- - - -
5. REWARDS-WHAT WILL I SAY OR DO WHEN I EXPERIENCE SUCCESS?	- - -
6. RESOURCES-WHAT INTERNAL/EXTERNAL <u>RESOURCES</u> WILL I USE? NOTE: THESE ARE THE <i>SOURCES OF KNOWLEDGE</i> TO ACCOMPLISH YOUR GOAL.	- - - - -
7. RESULTS- WHAT GOOD/POSITIVES WILL BE ACCOMPLISHED FROM MY GOAL? (FOR YOUR STUDENTS? FOR YOUR STAFF? FOR YOU? FOR YOUR DISTRICT/ COMMUNITY?)	- - - - -

Check the appropriate box that best relates your specific GOAL to evaluation results and/or school/district needs:

**GOAL #1**

- Student Assessment Results
- Principal Summative Evaluation
- School Renewal Plan
- District Strategic Plan

**GOAL #2**

- Student Assessment Results
- Principal Summative Evaluation
- School Renewal Plan
- District Strategic Plan

MONITORING STAGES	PRINCIPAL'S SIGNATURE	EVALUATOR'S SIGNATURE
IMPLEMENTATION (Pre-Conference)	<hr/> <p style="text-align: center;">PRINCIPAL'S SIGNATURE</p> <p>Today's date: _____</p>	<hr/> <p style="text-align: center;">EVALUATOR'S SIGNATURE</p> <p>Today's date: _____</p>
FEEDBACK (Mid-Year Conference)	<hr/> <p style="text-align: center;">PRINCIPAL'S SIGNATURE</p> <p>Today's date: _____</p>	<hr/> <p style="text-align: center;">EVALUATOR'S SIGNATURE</p> <p>Today's date: _____</p>
END-OF-THE-YEAR	<hr/> <p style="text-align: center;">PRINCIPAL'S SIGNATURE</p> <p>Today's date: _____</p>	<hr/> <p style="text-align: center;">EVALUATOR'S SIGNATURE</p> <p>Today's date: _____</p>

**COMMENTS:** \_\_\_\_\_  
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