

Individual Professional Growth Plan for Classified Employees

Name: _____

Date: _____

School Year: _____

Job Function(s) Needing Improvement	Procedures and Activities	Expected Impact	Target Dates for Completion or Review

Employee's Comments:

Supervisor's Comments:

Individual Growth Plan Developed:		Annual Review: ____ Achieved; ____ Revised; ____ Continued	
Employee's Signature	Date	Employee's Signature	Date
Supervisor's Signature	Date	Supervisor's Signature	Date