

Richmond Middle School Professional Development Plan

Name: _____ School Year: _____

Assignment: _____ Credential Expiration Date: _____

Method of Evaluation/Support:

Select the appropriate choice from the following.

First, Second, & Third Year Teachers (for employees in their first three consecutive years with the district or in their first two consecutive years if they have previously taught at least three or more consecutive years in a Vermont or New Hampshire school district)

You may also choose an additional method from the list provided for Tenured Teachers below.

____ **Formal Evaluation by Administrator**

First Year teachers indicate name of mentor: _____

Tenured Teachers

Check one option. Tenured faculty must choose "Formal Evaluation" at least once every three years.

____ **Formal Evaluation by Administrator** (Year of last formal evaluation: _____)

____ **Critical Friends Group** Coach's name: _____

____ **Peer Coaching** Peer Coach's name: _____

____ **Self-Directed Study** (Indicate one option below)

____ Self Reflection

____ Portfolio

____ Consultancy

Focus Objective:

Your Focus Objective will be the basis for discussions concerning your evaluation. It must either restate one of your Objectives from the Professional Growth Plan, or be directly related to one of its Goals.

Please state at least one specific Focus Objective: