

# Sharon Springs Central School District



PO Box 218, Sharon Springs, New York 13459  
Telephone (518) 284-2266 Fax (518) 284-9033

**Patterson R. Green**  
Superintendent/Building Principal

**Anthony M. DiPace**  
Business Manager

I-Plan Appendix A

## **INDIVIDUALIZED PROFESSIONAL GROWTH** **PLAN- PROPOSAL**

Name \_\_\_\_\_

School Year \_\_\_\_\_

Date completed \_\_\_\_\_

Briefly describe your goals for your individualized professional development plan for the 2011-2012 school year.

Describe how your goals will support and be of benefit to your current teaching responsibilities and contribute to the overall learning and achievement of your students.

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I-Plan Appendix B

## **INDIVIDUALIZED PROFESSIONAL GROWTH** **PLAN- SUMMARY**

In completing my professional growth plan, I engaged in the following activities:

By engaging in these activities, I learned...

As a result of this learning, some reasonable next steps for my professional development are:

The district can provide further assistance by:

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit for inclusion at end of year conference no later than May 1<sup>st</sup>.

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I-Plan Appendix C

## **PROFESSIONAL GROWTH RELEASE TIME** **REQUEST**

Teacher(s) \_\_\_\_\_

School Year \_\_\_\_\_

A clear description of the nature and scope of the work to be completed is needed. Make sure the project is understandable to those who review it. Be sure to include the relevance to current curriculum, NY State Standards and overall district goals.

1. Description of activities to take place and number of periods requested.
2. What pre-planning have you done to prepare for the time?
3. How will the work impact students?
4. When will this project be implemented?

