

## Professional Growth Plan (Required)

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/Subject Area

\_\_\_\_\_  
School

\_\_\_\_\_  
Title

### A. NC Professional Speech-Language Pathology Standards

<ol style="list-style-type: none"> <li>1. Demonstrates leadership, advocacy, collaboration and ethical practices.</li> <li>2. Promotes a respectful environment for a diverse population of students.</li> <li>3. Understands and facilitates the implementation of a comprehensive approach to speech-language development.</li> <li>4. Promotes learning for all students.</li> <li>5. Reflects on his/her practice.</li> </ol>	<p><b>Standard(s) to be addressed:</b></p>
	<p><b>Elements to be addressed:</b></p>

### B. Speech-Language Pathologist's Strategies

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				

\_\_\_\_\_  
Speech-Language Pathologist's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Professional Growth Plan – Mid-Year Review

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**To be completed by (date)**

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Speech-Language Pathologist

Academic Year

### **C. Evidence of Progress Toward Specific Standards of Elements to be Addressed/Enhanced**

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<b>Speech-Pathologist's Comments:</b>	<b>Administrator's Comments:</b>
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Speech-Language Pathologist's Signature

Date

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Administrator's Signature

Date

## Professional Growth Plan – End-of-Year Review

\_\_\_\_\_  
**To be completed by (date)**

\_\_\_\_\_  
Speech-Language Pathologist

\_\_\_\_\_  
Academic Year

### **D. Evidence of Progress Toward Specific Standards of Elements to be addressed/Enhanced**

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Goal 1 was successfully completed.  Yes  No

Goal 2 was successfully completed.  Yes  No

<b>Speech-Language Pathologist's Comments:</b>	<b>Administrator's Comments:</b>
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\_\_\_\_\_  
Speech-Language Pathologist's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date