

## Professional Growth Plan (Required)

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

### NC Professional School Counselor Standards

<ol style="list-style-type: none"> <li>1. Demonstrates leadership, advocacy, and collaboration.</li> <li>2. Promotes a respectful environment for diverse populations of students.</li> <li>3. Understands and facilitates the implementation of a comprehensive school counseling program</li> <li>4. Promotes learning for all students.</li> <li>5. Actively reflects on his/her practice.</li> </ol>	<p>Standard(s) to be addressed:</p>    <p>Elements to be addressed:</p>
--	---

### School Counselor's Strategies

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

School Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Professional Growth Plan – Mid-Year Review (required)**

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

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

Evidence of Progress Toward Specific Standards of Elements to be Addressed/Enhanced

--

**Narrative**

School Counselor's Comments:	Administrator's Comments:
School Counselor's Signature:	Administrator's Signature:
Date:	Date:

**Professional Growth Plan – End-of-Year Review (Required)**

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

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

**Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced**

--

Goal 1 was successfully completed. Yes  No

Goal 2 was successfully completed. Yes  No

**Narrative**

School Counselor's Comments:	Administrator's Comments:
School Counselor's Signature:  Date:	Administrator's Signature:  Date: