

## SOUTHAMPTON COUNTY SCHOOLS PROFESSIONAL GROWTH/ACTIVITY PLAN

Teacher: \_\_\_\_\_

Plan Year: \_\_\_\_\_ to \_\_\_\_\_

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

Professional growth and/or focus area goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### ACTIVITY LOG:

Activity	Recertification Points	Staff Development Credit
1.		
2.		
3.		
4.		
5.		
6.		

Type of observation(s):

<input type="checkbox"/> Formal Observation	<input type="checkbox"/> Conducting peer observations
<input type="checkbox"/> Materials Portfolio	<input type="checkbox"/> Subject of 3 observations
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> College Class(es)	

We certify that the work described above has been completed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Copies:            Teacher                            Principal                            Personnel