

**School Administrative Unit 83 Professional Master Plan
Form B- Goals Reflection and Evaluation Form**

Name: _____

Position/Grade: _____

Certification(s) Held 1) _____
2) _____
3) _____

4) _____

(Review and Approval of Three Year Professional Development Plan)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Knowledge of Subject/Content Area | <input checked="" type="checkbox"/> Knowledge of Learners and Learning |
| <input checked="" type="checkbox"/> Developmentally Appropriate Teaching Strategies | <input checked="" type="checkbox"/> Professional Responsibilities and Obligations |
| <input checked="" type="checkbox"/> Reinforcement of the Fremont School District Goals | <input checked="" type="checkbox"/> Increasing Student Achievement |

Write an annual reflection/evaluation of your Individual Professional Development Plan. Use the question provided to guide your response. It is your responsibility to maintain supporting evidence of achievement toward your goals. Successful completion of this form meets the requirement for the certification renewal. You must submit **Form G** (Recertification Summary Form) for Principal and Superintendent Signature to activate your recertification process with NH DOE.

Guiding Questions

In what ways have I improved my knowledge in my target area(s)? How has my understanding of this topic changed as a result of my professional development? What skills have I acquired as a result of my professional development? How have I transferred what I have learned to my everyday practice? How and in what ways did the goals I set lead towards student achievement? In the future, how will I use what I learned or what are my next steps?
(Questions adapted from NH DOE Professional Master Plan Toolkit)

Goal 1:

Year 1 Progress Summary:

Progress Review Administrator Signature _____

Approved Not Approved

Year 2 Progress Summary:

Progress Review Administrator Signature _____

Approved Not Approved

Year 3 Progress Summary:

Progress Review Administrator Signature _____

Approved Not Approved

Continuation of Form B (Goals Reflection and Evaluation Form)

Goal 2 :

Year 1 Progress Summary:

Progress Review Administrator Signature_____ Approved Not Approved

Year 2 Progress Summary:

Progress Review Administrator Signature_____ Approved Not Approved

Year 3 Progress Summary:

Progress Review Administrator Signature_____ Approved Not Approved

Continuation of Form B (Goals Reflection and Evaluation Form)

Goal 3:

Year 1 Progress Summary:

Progress Review Administrator Signature _____ Approved Not Approved

Year 2 Progress Summary:

Progress Review Administrator Signature _____ Approved Not Approved

Year 3 Progress Summary:

Progress Review Administrator Signature _____ Approved Not Approved