

## Professional Growth Plan (Required)

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

Name: \_\_\_\_\_ Position/Subject Area: \_\_\_\_\_

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

### NC Professional School Social Worker Standards

<ol style="list-style-type: none"> <li>1. Demonstrates leadership.</li> <li>2. Promotes a respectful environment for diverse populations.</li> <li>3. Applies the skills and knowledge of their profession within educational settings.</li> <li>4. Supports student learning.</li> <li>5. Actively reflects on his/her practice.</li> </ol>	<p>Standard(s) to be addressed:</p>   <p>Elements to be addressed:</p>
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### School Social Worker's Strategies

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

School Social Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Professional Growth Plan – Mid-Year Review (Required)

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

School Social Worker \_\_\_\_\_ Academic Year: \_\_\_\_\_

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

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### Narrative

School Social Worker's Comments:	Administrator's Comments:
School Social Worker's Signature:	Administrator's Signature:
Date:	Date:

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

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

School Social Worker \_\_\_\_\_ Academic Year: \_\_\_\_\_

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

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### Progress Toward Achieving Goals

Goal 1 was successfully completed. Yes  No

Goal 2 was successfully completed. Yes  No

### Narrative

School Social Worker's Comments:	Administrator's Comments:
School Social Worker's Signature: Date:	Administrator's Signature: Date: