



Clovis Municipal Schools Professional Growth Plan

Employee:

Licensure Level:

Assignment/Location:

Supervisor:

NMTEACH Domain/Element(s) *OR* NM Teacher Competency(ies) addressed in this plan :

Specific Action for Improvement	Timeline	How Measured	Identified Resources	Progress notes, date(s) of completion, etc.

Specific Action for Improvement	Timeline	How Measured	Identified Resources	Progress notes, date(s) of completion, etc.

Date of *initiation* of Professional Growth Plan:

Employee Signature:

Supervisor Signature:

Date of *completion* of Professional Growth Plan:

Employee Signature:

Supervisor Signature:

Superintendent Signature