



Greenville County Schools
Professional Growth and Development Plan
For
Educators
(Holding South Carolina Professional Certificate)

Name: _____

Employee Number: _____

Date: _____

Phone Number: _____

Employee Address: _____

Areas of Certification: _____

SC Certificate Number: _____ Validity Dates of Certificate: _____

On the lines below, list three professional development goals and your strategies for achieving them. These goals should be directly related to your area(s) of certification or to additional areas that support student achievement.

Goal

Strategies to meet goal

1. _____

2. _____

3. _____

Educator's Signature: _____

Date: _____