

Arkansas Leader Excellence and Development System Professional Growth Plan (PGP) – Form B

Year: _____ **Principal:** _____ **School:** _____

Directions: Use the AR Principal Evaluation System Rubric when completing this form.

Professional Growth Target	
<p>School or District Problem of Practice:</p> <p><i>Description: A Problem of Practice includes an area of concern involving student performance supported by multiple data sources and a review of current practices that may contribute to the area of concern.</i></p>	
<p>School-Wide Strategy:</p> <p><i>(Collaboratively developed plan to address problem of practice)</i></p>	
<p>ACSIP Goal in SMART Format:</p> <p><i>(Specific, Measurable, Attainable, Realistic, Timely)</i></p>	
<p>AR Principal Evaluation System Standard:</p> <p><i>(List specific AR Principal Evaluation System Standard below.)</i></p>	<p>Function: <i>(List functions below.)</i></p>

Arkansas Leader Excellence and Development System Professional Growth Plan (PGP) – Form B

Year: _____ **Principal:** _____ **School:** _____

Theory of Action		
Leadership Implementation Strategies	Results Indicators	Sources of Data to Monitor
If I take the following actions:	Then I expect to see <u>staff</u> :	<u>Staff</u> data source:

	Then I expect to see <u>students</u> :	<u>Student data source</u> :
--	--	------------------------------

AR Principal Evaluation System Professional Growth Plan (PGP) – Form B

Year: _____ **Principal:** _____ **School:** _____

What steps are needed to ensure successful implementation of the leadership strategies?

What is the proposed time of events for this work?	
<i>June</i>	
<i>July</i>	
<i>Aug</i>	
<i>Sept</i>	
<i>Oct</i>	
<i>Nov</i>	
<i>Dec</i>	
<i>Jan</i>	

Feb	
Mar	
April	
May	

Principal/Assistant Principal Name: _____

Principal/Assistant Principal Signature: _____ Date: _____

Superintendent/Designee Signature: _____ Date: _____

Arkansas Leader Excellence and Development System Intensive Growth Plan (IGP) – Form C

Year: _____ **Principal:** _____ **School:** _____

Directions: Use the Principal Evaluation Rubric, Staff Survey, Self-Assessment, Superintendent Assessment, and school data sources when completing this form.

Professional Growth Target (Superintendent directed with a focus on Standard 2 and other identified areas.)	
<p>School or District Problem of Practice:</p> <p><i>Description: A Problem of Practice includes an area of concern involving student performance supported by multiple data sources and a review of current practices that may contribute to the area of concern.</i></p>	
<p>School-Wide Strategy:</p> <p><i>(Collaboratively developed plan to address problem of practice)</i></p>	
<p>ACSIP Goal in SMART Format</p> <p><i>(Specific, Measurable, Attainable, Realistic, Timely)</i></p>	
<p>AR Principal Evaluation System Standard:</p> <p><i>(List specific AR Principal Evaluation System Standard below.)</i></p>	<p>Function: <i>(List functions below.)</i></p>

Arkansas Leader Excellence and Development System Intensive Growth Plan (IGP) – Form C

Year: _____ **Principal:** _____ **School:** _____

Theory of Action		
Leadership Implementation Strategies	Results Indicators	Sources of Data to Monitor
If I take the following actions:	Then I expect to see <u>staff</u> :	<u>Staff</u> data source:
	Then I expect to see <u>students</u> :	<u>Student</u> data source:

Arkansas Leader Excellence and Development System Intensive Growth Plan (IGP) – Form C

Year: _____ Principal: _____ School: _____

What steps will I take to ensure successful implementation of the leadership strategies?	Revised Completion Date	Superintendent's Comments

Principal/Assistant Principal Name: _____

Principal/Assistant Principal Signature: _____ Date: _____

Superintendent/Designee Signature: _____ Date: _____

Principal _____ Superintendent _____ Next Step Meeting _____

Principal _____ Superintendent _____ Next Step Meeting _____

Principal _____ Superintendent _____ Next Step Meeting _____

(Continue as Needed)