

BURNABY SOUTH SECONDARY

Professional Growth Plan

Name: _____ Date: _____

1. **AREA OF INSTRUCTION (Reflection)** *What will be your area of focus?*

2. **OBJECTIVES** *What do you hope to achieve within your area of focus?*

3. **ACTIVITIES** *What will you do to accomplish your objective(s)?*

Whom will you involve in your program of professional growth?

4. **SELF-EVALUATION (Reflection)** *How will you determine whether or not you have reached your objective?*