



Name: _____

Evaluator Name: _____

Date: _____

Pre-development of Professional Learning Focus

(to be completed prior to meeting with evaluator)

What element/indicator would you like to focus on?

(Must list at least one element/indicator)

1. Indicator/Element # _____ Specific area: _____

2. Indicator/Element # _____ Specific area: _____

3. Indicator/Element # _____ Specific area: _____

What types of personalized learning are you most interested in? Why?

1. _____

2. _____

3. _____

What evidence would you collect that would connect your personalized learning to student achievement?

What available resources do you anticipate using to attain your goal?

Professional Learning Focus

(Completed collaboratively with evaluator)

Indicator/Element # _____ Specific area: _____

Timeframe for Professional Learning Focus: _____

Primary collected evidence of learning: _____

Checkpoint #1–Date:

What is working well?

What challenges are you facing?

What is your next step?

Evaluator Feedback:

Final–Date:

What worked well?

What is your next step?

What resources are needed to improve the professional learning capacity at the district and state level?

Would you be willing to collaborate and/or be a resource for others who choose the same PL Focus in the future? ___ Yes ___ No

Evaluator Feedback:

Participant Signature _____ Evaluator Signature _____