



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\_\_\_\_\_