

*ROCKINGHAM COUNTY PUBLIC SCHOOLS
GROWTH PLAN*

Name of Teacher _____ School _____ Date _____

Growth Plan Objective(s):

Means of Assessment:

Results of Growth Plan:

- _____ Objective has been achieved.
- _____ Progress toward the objective is being made. Continued work is necessary to complete the objective.
- _____ The objective has not been achieved.

Comments and/or recommendations: _____

Signature of Evaluator

Signature of Teacher

I have read this evaluation and discussed it with the evaluator. My signature does not necessarily mean that I agree with the performance evaluation.

DISTRIBUTION: Original to employee, second copy for school office.