**Iowa Teacher Career Development Plan**

**Annual Conference**

Teacher Name

**Year**

|  |  |
| --- | --- |
| ***Conference Date*** |  |
| ***Evaluator*** |  |
| ***Subject Area(s)*** |  |
| ***Grade Level*** |  |

|  |  |
| --- | --- |
| ***Individual***  ***Goal*** |  |
| ***Team Goal*** |  |
| ***Artifacts*** |  |
| ***2-Minute Walk-Throughs*** |  |
| ***Other Support***  ***Information:*** | • |

|  |  |
| --- | --- |
| ***Goal Outcome***  (check one) | □ Part of classroom practice  □ Goal continues with the following changes: |

Teacher Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Evaluator Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**