

# Individual Career Development Plan: Annual Update (Teacher Completed by April 30, Year 2)

Teacher Name	Building	Date

What progress have you made toward the completion of the action plan?

What have you learned thus far?

What impact has the action plan had on student learning at this point?

What revisions are needed if any?

What part of the action plan will be completed this year?

Teacher Signature and Date	Evaluator Signature and date

Copy to be placed in personnel file

Signature of the teacher does not indicate that the teacher agrees with the content of the review, only that s/he received a copy.