**TEACHER ALTERNATE PATHWAY PLAN**

(Teacher and Administrator both keep a copy)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Teacher(s) Names: | | Click here to enter text. | | School Year: | | | Enter Text | Approved By: | Click here to enter text. |
|  | | Click here to enter text. | |  | | | Enter Text | Date: | Click here to enter a date. |
|  | |  | |  | | |  |  |  |
| **Step 1 – Select your Pathway**  **\*Notify Administrator of Alternative Path option by September 15.** | | | | | | | | | |
| **Option Selected:** | | | | | | | | | |
|  | Teacher Enrichment Pathway (TEP) | | | |  | Student Growth Map (SGM) | | | |
| **Step 2 – Calibration Conference**  **\*Professional Learning Network (PLN) PLN should provide feedback on goal prior to conferencing with Administrator, occurs by October 1.** | | | | | | | | | |
| **Please indicate which domain(s) and component(s) your plan supports:** | | | | | | | | | |
|  | Domain 1: Planning & Preparation | | | |  | Domain 3: Instruction | | | |
|  | Domain 2: Classroom Environment | | | |  | Domain 4: Professional Responsibilities | | | |
| **TEACHER SMART GOAL:** | | | Click here to enter text. | | | | | | |
| **How does this directly impact student learning?** | | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies and Action Steps** | **Responsibility** | **Timeline** | **Indicators of Success**  **(Evidence of Change)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Step 3 – Fall Reflection**  **\*Check-in with PLN to reflect on goal, can occur during early release, in-service, instructional day, or at another time designated by participant, occurs between October and December.** | | | |
| Date of Check-in: | Click here to enter a date. | Names of Participants: | Click here to enter text. Click here to enter text. |
| **Indicator(s) of Success (Data)** | | **Teacher’s Self-Reflection Notes** | |
| Click here to enter text. | | Click here to enter text. | |
| **Step 4 – Winter Reflection**  **\*Check-in with PLN to reflect on goal, can occur during early release, in-service, instructional day, or at another time designated by participant, occurs between January and March.** | | | |
| Date of Check-in: | Click here to enter a date. | Names of Participants: | Click here to enter text. Click here to enter text. |
| **Indicator(s) of Success (Data)** | | **Teacher’s Self-Reflection Notes** | |
| Click here to enter text. | | Click here to enter text. | |
| **Step 5 – End of Year Conference**  **\*Conference with your Administrator, occurs by May 1.** | | | |
| Date of Check-in: | Click here to enter a date. | Names of Participants: | Click here to enter text. Click here to enter text. |
| **Indicator(s) of Success (Data)** | | **Teacher’s Self-Reflection Notes** | |
| Click here to enter text. | | Click here to enter text. | |

**\*This document to be submitted to HR by May 15**