

RSU 19: 2017-2018
TEPG Professional Goal Evidence and Reflection

NAME:	POSITION/SUBJECT:	SCHOOL:

ADMINISTRATIVE APPROVAL: (Signature)	DATE:

SCORE:	1:		2:		3:		4:	
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CORE PROP with SI	EVIDENCE (Provide artifacts you identified in your professional goal development)	REVIEWER'S (✓) or Comment

REFLECTION: (Briefly respond to each prompt)

How did these activities impact your professional practice?

How did you share what you learned with colleagues to build capacity in our school/district community??