IGP FOR MEDIA COORDINATOR

PROFESSIONAL REVIEW PROCESS – INDIVIDUAL GROWTH PLAN

MEDIA COORDINATOR: _____ Social Security #: _____ School Year:_____

School:_____ Years of Experience as Media Coordinator: _____

TO BE COMPLETED BY TEACHER PRIOR TO INITIAL CONFERENCE WITH PRINCIPAL			***TO BE COMPLETED BY TEACHER AT END OF YEAR PRIOR TO REVIEW CONFERENCE***
Description of Goals	**Resources**	**Sources of Feedback**	**Comments on Progress Toward Goal**
1. Planning and Facilitating Goal (based on Function #____)	___ Workshop(s) (Attach a brief description) ___ Courses taken (Attach a description) _ Independent study (Attach reading list) ___ Observation of other media centers __OTHER:.	___ Teacher Surveys ___ Videotaping ___ Teacher Input (Planning) ___ Reading Incentive Info ___ Student Surveys _ __ Portfolio _ __ Student Achievement Data ___ Info.-Media/Tech. Com. ___ Peer OTHER:	
School Goal (based on School Improvement Plan):	___ Workshop(s) (Attach a brief description) ___ Courses taken (Attach a description) _ __ Independent study (Attach reading list) ___ Observation of exemplary teaching OTHER:	___ Portfolio ___ Videotaping ___ Parent Surveys ___ Student Surveys ___ Peer Observation _ _ Student Work Samples ___ Student Achievement Gains ___ Journal _ _ Peer OTHER:	
District Goal (based on District Strategic Plan):	___ Workshop(s) (Attach a brief description) ___ Courses taken (Attach a description) ___ Independent study (Attach reading list) ___ Observation of exemplary teaching OTHER:	___ Portfolio ___ Videotaping ___ Parent Surveys ___ Student Surveys ___ Peer Observation ___ Student Work Samples ___ Student Achievement Gains ___ Journal ___ Peer OTHER:	

TO BE COMPLETED, DATED AND SIGNED BY PRINCIPAL (Attach additional comments as needed)

Date of Initial Conference/Approval: _____	Date of Review Conference: _____	Date of Review Conference: _____
_____ *Principal Signature*	_____ *Principal Signature*	_____ *Principal Signature*
_____ *Signature of Media Coordinator*	_____ *Signature of Media Coordinator*	_____ *Signature of Media Coordinator*