PIKE COUNTY SCHOOLS

SCHOOL LIBRARY MEDIA SPECIALIST

SELF – REFLECTION & PROFESSIONAL GROWTH PLANNING TEMPLATE

Name:		**School:**	
EPSB ID#:		**Grade Level/Subject(s):**	

Part A: Self-Reflection - *Rate each component and add a rationale for the ratings.*

COMPONENT	SELF-ASSESSMENT	RATIONALE
1A - Demonstrating Knowledge of Content Curriculum/Process	Please select rating.	
1B - Demonstrating Knowledge of Students	Please select rating.	
1C- Supporting Instructional Goals	Please select rating.	
1D - Demonstrating Knowledge and Use of Resources	Please select rating.	
1E - Demonstrating Knowledge of Literature/Lifelong Learning	Please select rating.	
1F - Collaborating in the Design of Instructional Experiences	Please select rating.	
2A- Creating an environment of respect and rapport	Please select rating.	
2B - Establishing a Culture for Learning	Please select rating.	
2C - Managing Library Procedures	Please select rating.	
2D - Managing student behavior	Please select rating.	
2E - Organizing physical space	Please select rating.	
3A - Communicating Clearly and Accurately	Please select rating.	
3B - Using Questioning and Research Techniques	Please select rating.	
3C - Engaging Students in Learning	Please select rating.	
3D - Assessment in Instruction (whole class, one-on-one, small group	Please select rating.	
3E - Demonstrating Flexibility and Responsiveness	Please select rating.	
4A - Reflecting on Practice	Please select rating.	
4B - Maintaining Accurate Records	Please select rating.	
4C - Communicating with School Staff and Community	Please select rating.	

4D - Participating in a Professional Community	Please select rating.	
4E - Growing and Developing Professionally	Please select rating.	
4F Collection Development and Maintenance	Please select rating.	
***4G*- Managing the Library Budget**	Please select rating.	
***4H*- Managing Personnel**	Please select rating.	
***4I*- Professional ethics**	Please select rating.	

Part B: Professional Growth Goal and Plan

Professional Growth Goal: ● What do I want to change about my instruction that will effectively impact student learning? ● What is my personal learning necessary to make that change? ● What are the measures of success? ● Add your professional growth statement to the box.	

ACTION PLAN		
Professional Learning Activities	**Expected Student Impact**	**Targeted Completion Date**

Library Media Specialist Signature:	**Date:**
Administrator Signature:	**Date:**

Part C: Mid-year Review (Optional)

Date:	Status of Professional Growth Goal:	Revisions/Modifications:

Part D: Summative Reflection (required)

Date:	End of Year Reflection:

Next Steps (*Include whether you will continue to work on this component next year or begin working on another.*)**:**

Professional Growth Goal Met: *Check one from the list*		Met
		Not met
		Met, but would like to continue working on this goal for the next school year.

Library Media Specialist Signature:	**Date:**
Administrator Signature:	**Date:**