

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: <ul style="list-style-type: none"> • 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. 	
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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: <i>Check one from the list</i>		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: