

**FOCUSED ASSESSMENT AND PROFESSIONAL GROWTH  
MID-YEAR CONFERENCE RECORD**

Educator Name \_\_\_\_\_ Work Site \_\_\_\_\_

SSN \_\_\_\_\_ Grade/Subject \_\_\_\_\_

**Objective of the Professional Growth Plan:**

**Modifications of the Plan:**

**Summary of Progress:**

**Support Needed to Enhance and/or Complete:**

The signatures below indicate that the above information has been reviewed and approved.

\_\_\_\_\_  
Educator's Signature

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date