*To ensure accessibility in accordance with the Americans with Disabilities Act (ADA),
please use the down arrow key to navigate this tool.*

**Educator Information**

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| Educator Name: *Click here to enter text.*  | Academic Year: *Click here to enter text.* |
| Course/Subject: *Click here to enter text.* | Grade Level(s): *Click here to enter text.* |

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| **Instructional Practice and Professional Responsibilities Strengths/Areas for Growth****[Continued from previous page.]** |
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|  |
| **Educator Plan Progress and Evidence****[Continued from previous page.]** |
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