



# Personal Professional Teaching Goals

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Name: \_\_\_\_\_

Mentor: \_\_\_\_\_

Grade Level/ Subject Area: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Illinois Teacher Standard:</b></p>  <p><b>Performance Indicator:</b></p>  <p><b>Course of Action:</b></p>  <p><b>Verification of Action:</b></p>	<p><b>Illinois Teacher Standard:</b></p>  <p><b>Performance Indicator:</b></p>  <p><b>Course of Action:</b></p>  <p><b>Verification of Action:</b></p>
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