



To: Office of Human Resources, Post-Employment
 From: _____ (name of teacher and location)
 Date: _____
 Subject: **Special Professional Growth Plan – 105% Payment**

This purpose of this communication is to serve as 1) notification that my principal and I have reached agreement to initiate a 105% plan, AND 2) notification that my special plan has been completed. I am eligible to initiate this plan and meet the criteria specified in Policy 4141 and Policy 4870, including having obtained the salary level of MA+30 and Step 15. This memorandum must be sent to the Office of Human Resources upon initiation of the plan and also upon completion of the plan.

Step 1: Initiation of a Special Plan – 105%

Per Policy 4141 (O)(2) and Policy 4870 (F)(2), the special plan is meant as an incentive to grow; it is not intended to maintain the status quo. The plan must cover more than the minimum for State recertification (six semester hours) and will be completed over three years. The plan will be maintained at the building and both parties agree to meet yearly regarding the progress of the plan. The following signatures indicate that agreement has been reached between the teacher and principal to begin a 105% plan. The plan began on _____ (month/day/year) and will be completed in three years on _____ (month/day/year).

Teacher’s Signature: _____ Date: _____
 Principal’s Signature: _____ Date: _____

IMPORTANT: A copy of this memo must be sent to the Office of Human Resources at the time the plan was initiated and copies must be maintained by the teacher and principal.

Step 2: Progress Updates – Year One and Year Two

Annually, the teacher will initiate a meeting with the principal to discuss the progress of the plan. We agree that a progress meeting was held on:

Year One:	_____	_____	_____
	(Month/Day/Year)	Teacher Initial	Principal Initial
Year Two:	_____	_____	_____
	(Month/Day/Year)	Teacher Initial	Principal Initial

Step 3: Completion of the Plan

At the conclusion of the plan, the teacher will initiate a meeting with the principal to submit data to show completion of the plan. This should include the plan, all transcripts, papers, documentation, etc. We agree that a 105% plan has been completed effective _____ (month/day/year).

Teacher’s Signature: _____ Date: _____
 Principal’s Signature: _____ Date: _____

IMPORTANT: A copy of this memorandum must be sent to the Office of Human Resources at the time the plan is completed along with the final evaluation and/or transcripts. Upon approval by the Assistant Superintendent of Human Resources, the teacher will receive compensation. Copies must be maintained by the teacher and principal. In the event the teacher would like to initiate another plan, a new plan must be developed and forwarded to the Office of Human Resources.



Special Professional Growth Plan – 105% Plan

Statement of Intent

The intended goal of this plan is to serve as an incentive for the teacher to grow. It is not meant as maintenance of the status quo.

Requirements:

- The Special Plan must cover more than the minimum for state recertification (six semester hours).
- The Special Plan is for three years in duration.
- The Special Plan can include professional growth in any or all of the areas listed in Policy 4130 or Policy 4880 which include: 1) College/University Course Work; 2) District Approved Activities; 3) Travel; 4) Professional Development; 5) Work-Experience Programs; 6) Supervision of a Student Teacher, Intern, Resident Teacher, or Beginning Teacher.
- College/University Credit, which is accepted for the Special Plan, will apply only to vertical movement on the schedule and may not be used for horizontal advancement.
- The teacher and principal must reach agreement to the plan and conduct an annual meeting regarding the progress of the plan.
- The teacher must submit data to the principal to show completion.

Initiation and Documentation of the 105% Plan

<p>GOAL(S) List one or more growth goals</p>	<p>ACTIVITIES List activities supporting the goal from Policy 4130 or Policy 4880, as mentioned above.</p>	<p>ESTIMATED COMPLETION DATE</p>	<p>PROPOSED EVIDENCE/ DATA</p>

Teacher’s Signature: _____

Date: _____

Principal’s Signature: _____

Date: _____

IMPORTANT: A copy of this memorandum must be sent to the Office of Human Resources at the time the plan is completed along with the final evaluation and/or transcripts. Upon approval by the Assistant Superintendent of Human Resources, the teacher will receive compensation. Copies must be maintained by the teacher and principal. In the event the teacher would like to initiate another plan, a new plan must be developed and forwarded to the Office of Human Resources.