## **DERRY TOWNSHIP SCHOOL DISTRICT**

**PEER COACHING ACTION PLAN** 



Name:	
Building:	
School Year:	
<b>Coaching Partner</b> :	

In the space provided, briefly state the professional goal(s) or area(s) you wish to focus on during your peer coaching relationship. The goal(s) or area(s) should be linked to at least one of Danielson's Framework for Teaching Domains and/or components.

Select the Domain(s) and/or Components that are best linked to your professional goal(s) or area(s):

Describe any strategies, decisions, resources and actions necessary to attain your goals.

Describe the quantitative outcomes that will indicate success for each goal or area of focus.

<ul> <li>Approved</li> <li>Disapproved</li> </ul>	
Employee Signature:	Date:
Administrator Signature:	Date:

\*Note to Administrator: Please return this original form to the professional staff member, make a copy for your files.