

State Of California California Commission On Teacher Credentialing P.O. Box 944270 1900 Capitol Avenue Sacramento, CA 94244-2700 Telephone: (916) 445-7254 or (888) 921-2682 E-mail: credentials@ctc.ca.gov Web site: www.ctc.ca.gov

PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name of Permit Holder:					
2 Homo Address:	Last	First	Middle		
2. Home Address					
City		State	Zip Code		
3. Daytime Telephone Number:					
4. Social Security Number:					
5. Name each credential/permit you hold:			Expiration Date:		
6. Name each professional growth adv	visor who has advise	ed you.			
First Advisor:		Approximate Dates of Service:			
Credential/Permit Held:		Credential/Permit Number:			
Second Advisor:		Approximate Dates of Service:			
Credential/Permit Held:	rmit Held: Credential/Permit Number:				
Third Advisor:		Approximate Dates of Service:			
		Credential/Permit Number:			

Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

(continued)

Professional Growth Plan (continued)

			Approval of Planned Activities		Verification of Completed Activities	
11. Professional Growth Activities	12. Goal Numbers	13. Category (two minimum)	14. Date Activity Approved	15. Advisor's Initials	16. Time Spent (in hours)	17. Advisor's Initials and Date
Use additional copies of this form in 9. Certification of Initial Plan: I cond regulations.		the best of r		ours Spent: e, the planne	d activities c	omply with state laws
Advisor's Name			Advisor's Si	gnature		Date

information on this form is accurate.

Permit Holder's Signature

21. Verification of Completion: I certify that I have been this permit holder's advisor, and that, to the best of my knowledge, the above information is accurate.

Advisor's Name (print or type)

Name of Employing Agency

Daytime Telephone Number

Advisor's Signature

Date of Verification

Date of Verification