

## Professional Growth Record

Staff Member: \_\_\_\_\_

Position: \_\_\_\_\_

Program Year: \_\_\_\_\_

Location: \_\_\_\_\_

	Goal:	Plans	Results	Completion Date
1	(check if applicable) <input type="checkbox"/> Actively participate in Practice Based Coaching to improve use of effective practices.	(check one) <input type="checkbox"/> Professional Learning Community <input type="checkbox"/> Demonstration Classroom	See TLC Documents for detailed documentation See Demo. Classrooms	
2	(check if applicable) <input type="checkbox"/> Complete college and university courses toward completion of (check one) <input type="checkbox"/> A CDEV Permit <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA Degree	List courses to be taken:	List courses completed:	
3	(check if applicable) <input type="checkbox"/> Increase use of effective strategies/practices identified through <input type="checkbox"/> HOVRS <input type="checkbox"/> TPOT <input type="checkbox"/> CLASS	Expected Outcomes	Actual Outcomes	

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_