# Professional Growth Record

**Staff Member:**  **Position:**

**Program Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:**

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

Staff Signature: Date:

Supervisor Signature: Date: