# 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 documentationSee 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: