

## DRAFT PROFESSIONAL GROWTH PLAN (PGP) TEMPLATE FOR PROGRAM COMPLETION

<b>First Name:</b>	<b>Last Name:</b>	
<b>Institution:</b>	<b>Academic Year:</b>	
<b>Certificate Program:</b> <input type="checkbox"/> Residency Teacher <input type="checkbox"/> Residency School Counselor <input type="checkbox"/> Initial Superintendent <input type="checkbox"/> Residency Principal/Program Administrator <input type="checkbox"/> Residency School Psychologist <input type="checkbox"/> Professional School Counselor <input type="checkbox"/> Professional Principal/Program Administrator <input type="checkbox"/> Professional School Psychologist		
<b>Step 1 - Needs Assessment and Goal Selection</b>		
Describe your selected professional growth areas of focus, as well as information from your self-assessments that supports your selections. Link each area of focus to a specific standard and benchmark.		
<b>Areas of Focus/Goals</b> Based on your self-assessment, identify areas of focus that will lead to your professional growth.	<b>Rationale</b> What will you and/or your students be able to do as a result of your professional growth that you and/or they are not able to do now?	<b>Standards</b> Residency candidates must focus on the "professional" level standards. Professional certificate candidates must focus on the "career" level standards. <a href="http://program.pesb.wa.gov/review/standards">http://program.pesb.wa.gov/review/standards</a>
<b>Step 2 - Professional Growth Action Plan</b>		
<b>Activities</b> What specific growth activities will you engage in to obtain the identified new learning? The activities should focus on both the content knowledge you acquire as well as the skills you develop.	<b>Proposed Evidence</b> Briefly describe the evidence that you will collect. Evidence may include areas beyond test scores such as attendance rates, discipline referrals, programs implemented, and other P-12 student or adult data.	
<b>Step 3 – Review of Plan</b>		
_____	_____	_____
Candidate Signature (required)	Print Name	Date
_____	_____	_____
Program Signature (required)	Print Name	Date
_____	_____	_____
Certificated Colleague Signature (only required for ProCert)	Print Name	Date