UA Teacher Preparation Programs PROFESSIONAL GROWTH PLAN

Date:

Student Name:

| College and Program: Professional Growth Team Members: STRENGTHS (Optional) CONCERNS (Summarize any events/circumstances that necessitated the creation of this growth plan.) | | | | | | |
|--|--|--|--|--|----------------------------|------------------------|
| | | | | | Standards/Areas of Concern | Changes & Expectations |
| | | | | | Learning Environment | |
| Measures | | | | | | |
| Support | | | | | | |
| Planning and Preparation | | | | | | |
| Measures | | | | | | |
| Support | | | | | | |
| Instruction and Assessment | | | | | | |
| Measures | | | | | | |
| Support | | | | | | |
| Professionalism and Growth | | | | | | |
| Measures | | | | | | |
| Support | | | | | | |

| Behavior and Academic | | | |
|--|---|--|--|
| Standards (as delineated in the | | | |
| UA TPP Professional Standards document) | | | |
| Measures | | _ | |
| Support | | | |
| In order to successfully meet the expectat the terms of the plan set forth in the measures will begin or members. | ares portion of the instru | ment. | · |
| of the members of the Professional Growt meet the expectations required by this doc may include but are not limited to: • removal from course or c • a failing grade in course (| h Team feel that the study ament, a meeting will be linical placement as determined by the conterpreparation program or preparation program | d to ascertain if more or differen At any time prior to or a dent is not fulfilling all responsib e called to discuss options for the urse instructor) with the right to petition for re-a | It support is warranted. Ifter that meeting, if any illities or is unable to e future. The options dmission* |
| <u>SIGNATURES</u> | | | |
| Professional Growth team member name | & role Signatur | 2 | Date |
| Professional Growth team member name | & role Signatur | 2 | Date |
| Professional Growth team member name | & role Signatur | | Date |
| I have read and been given a copy of th | is document. Any com | ments I have are attached. | |
| Student Signature | | | |



Subsequent Professional Growth Plan (PGP) Meeting Notes

| Student Name: | | | | | |
|---|-----------------------------------|---------------------------------|--|--|--|
| Meeting Date: | | | | | |
| Professional Growth Team Members Present: | | | | | |
| Description of Progress Made: | | | | | |
| Steps Still Needed for PGP to be completed: | | | | | |
| Next Meeting, if needed, Planned for: | _ | | | | |
| Additional Notes: | _ | | | | |
| | | | | | |
| <u>SIGNATURES</u> | | | | | |
| Professional Growth team member name & role | Signature | Date | | | |
| Professional Growth team member name & role | Signature | Date | | | |
| Professional Growth team member name & role | Signature | Date | | | |
| I have read and been given a copy of this document. Any comments I have are attached. | | | | | |
| Student Signature | Date | | | | |
| | | | | | |
| As of, the student has a Growth Plan. | successfully met the expectations | delineated in this Professional | | | |
| Program Director Signature | Date | 2 | | | |

