**California State University San Bernardino**

**Single Subject**

**Professional Growth Plan**

Candidate Name: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status (Check one): Intern \_\_\_\_ Student Teacher \_\_\_\_\_\_\_

Supervision Semester: 1st \_\_\_; 2nd \_\_\_ University Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identify Area of Concern**: Considering the TPEs, identify the Skills, Knowledge, and Abilities candidate must focus on.

**Outline Desired Outcomes or Areas for Improvement:**

**Action Plan Outcomes:**

Action Plan Start Date: \_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_

Activities to be completed:

Action Plan Outcomes:

Date of follow up meeting: \_\_\_\_\_\_

Success statement:

\_\_\_The candidate successfully completed the action plan activities and met the expectations of the professional growth plan.

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Signature of Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of instructor/ faculty member Signature Date
/program coordinator)