

**UA Teacher Preparation Programs**  
***PROFESSIONAL GROWTH PLAN***

**Student Name:**

**Date:**

**College and Program:**

**Professional Growth Team Members:**

**STRENGTHS** *(Optional)*

**CONCERNS** *(Summarize any events/circumstances that necessitated the creation of this growth plan.)*

| <b>Standards/Areas of Concern</b> | <b>Changes &amp; Expectations</b> |
|-----------------------------------|-----------------------------------|
| <b>Learning Environment</b>       |                                   |
| Measures                          |                                   |
| Support                           |                                   |
| <b>Planning and Preparation</b>   |                                   |
| Measures                          |                                   |
| Support                           |                                   |
| <b>Instruction and Assessment</b> |                                   |
| Measures                          |                                   |
| Support                           |                                   |
| <b>Professionalism and Growth</b> |                                   |
| Measures                          |                                   |
| Support                           |                                   |



## Subsequent Professional Growth Plan (PGP) Meeting Notes

|  |  |
|--|--|
| <b>Student Name:</b>                               |  |
| <b>Meeting Date:</b>                               |  |
| <b>Professional Growth Team Members Present:</b>   |  |
| <b>Description of Progress Made:</b>               |  |
| <b>Steps Still Needed for PGP to be completed:</b> |  |
| <b>Next Meeting, if needed, Planned for:</b>       |  |
| <b>Additional Notes:</b>                           |  |

### SIGNATURES

|   |           |      |
|---|-----------|------|
| 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 successfully met the expectations delineated in this Professional Growth Plan.

|                            |      |
|----------------------------|------|
| Program Director Signature | Date |
|----------------------------|------|