

**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	

<b>Behavior Standards</b> (as delineated in the UA TPP Professional Standards document)	
<b>Measures</b>	
<b>Support</b>	

In order to successfully meet the expectations stated in this professional growth plan, the student must satisfactorily fulfill the terms of the plan set forth in the measures portion of the instrument.

Action to meet the measures will begin on the date of this conference by the student and the Professional Growth Team members.

A subsequent meeting will be conducted with the student and Professional Growth Team Members to assess the student's progress with regard to the expectations listed in this document and to ascertain if more or different support is warranted. This meeting is scheduled for \_\_\_\_\_. At any time prior to or after that meeting, if any of the members of the Professional Growth Team feel that the student is not fulfilling all responsibilities or is unable to meet the expectations required by this document, a meeting will be called to discuss options for the future. The options may include but are not limited to:

- removal from course or clinical placement
- a failing grade in course (as determined by the course instructor)
- withdrawal from the teacher preparation program with the right to petition for re-admission\*
- dismissal from the teacher preparation program

\*If a petition is not submitted or is denied, the student will not continue in the program and, as a result, will not be recommended for certification.

**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

## 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
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As of \_\_\_\_\_, the student has successfully met the expectations delineated in this Professional Growth Plan.

Program Director Signature	Date
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