



PROFESSIONAL GROWTH PLAN (PGP) TEMPLATE FOR CERTIFICATE RENEWAL

First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
---	--

Certificate Number or Birthdate: <input style="width: 95%;" type="text"/>

Certificates Held: <small>(residency certificates do not need to be listed)</small>		
<input type="checkbox"/> Professional Teacher <input type="checkbox"/> Professional Principal <input type="checkbox"/> Professional Program Administrator <input type="checkbox"/> Professional School Counselor <input type="checkbox"/> Professional School Psychologist	<input type="checkbox"/> Continuing Teacher <input type="checkbox"/> Continuing Principal <input type="checkbox"/> Continuing Program Administrator <input type="checkbox"/> Continuing School Counselor <input type="checkbox"/> Continuing School Psychologist <input type="checkbox"/> Continuing Superintendent	<input type="checkbox"/> Initial Program Administrator <input type="checkbox"/> Initial School Counselor <input type="checkbox"/> Initial School Psychologist <input type="checkbox"/> Initial Superintendent <input type="checkbox"/> School Occupational Therapist <input type="checkbox"/> School Physical Therapist <input type="checkbox"/> School Nurse <input type="checkbox"/> School Speech-Language Pathologist <input type="checkbox"/> School Social Worker

District/Agency: <input style="width: 90%;" type="text"/>	Academic Year <small>(use 1 form each year):</small> <input style="width: 90%;" type="text"/>
--	--

Step 1 - Needs Assessment and Goal Selection

Describe your selected professional growth areas of focus, as well as information from your self-assessments that supports your selections. If holding multiple certificates, please indicate the Role for the Goal aligned with the Standard and Criteria/Strand. Note that all elementary education, middle level math / science, and secondary sciences / technology teachers are required to include a specific focus on the integration of STEM instruction as part of their PGPs. *(RCW 28A.410.2212)*

Professional Growth Goals	Rationale	Standards
Based on your self-assessment, identify areas of focus that will lead to your professional growth	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?	For initial, continuing, and professional level certificates, focus on the "career" level standards listed at http://program.pesb.wa.gov/professional-growth-plan-pgp-t/career-level-standards-for-pgps
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Step 2 - Professional Growth Action Plan

Activities	Proposed Evidence
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.	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 student or adult data.
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

--	--

Step 3 - Evidence of Professional Growth Final Review

Describe the evidence that you have collected. Provide evidence and documentation for the supervisor or certificated colleague to review.

Step 4 - Reflection/Implications

Describe your learning and outcomes from the PGP activities. Based on this learning, what are some next steps that might guide future professional growth?

Step 5 - Review of PGP Completion (to be completed no later than June 30)

I declare under penalty of perjury under the laws of the State of Washington that I have completed the professional growth plan and submitted evidence to that effect. The intentional misrepresentation of a material fact in this form subjects the certificate holder to revocation of his/her certificate pursuant to chapter 181-86 WAC.

Educator Signature (required) Print Name Date: _____

I declare under penalty of perjury under the laws of the State of Washington that I have reviewed the professional growth plan and evidence to that effect. The intentional misrepresentation of a material fact in this form subjects the certificate holder to revocation of his/her certificate pursuant to chapter 181-86 WAC.

Supervisor/Colleague Signature Print Name Date: _____