# Professional Growth Plan (Application)

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| **Name of Teacher** |  |
| **Name of School** |  |
| **Date Submitted** |  |
| **Topic Selected** |  |
| **Rationale** |  |
| **Learner Centered Goals** | 1.2.3. |
| **Action Plan/Timeline** |  |
| **Resource Needs****(Save original receipts needed for reimbursement)** |  |
| **Plan Evaluation and Method of Sharing with Learning Community** |  |
| **Projected Completion Date** |  |
| **Teacher’s Signature** |  |
| **Administrator’s Signature** **(large schools)****Superintendent’s Signature** **(small schools)** |  Plan Approval Date: |



**Northern California Conference**