# 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

Office of Education

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