**Confirmation of Professional Growth Plan Completion**

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| --- | --- |
| **Name of Teacher** |  |
| **Name of School** |  |
| **Plan Completion Date** |  |
| **Progress Meeting****(Date and Notes)** |  |
| **Teacher’s Signature** |  |
| **Administrator’s Signature** **(large schools)****Superintendent’s Signature** **(small schools)** | * Learner centered Goals were met as outlined
* Learner centered Goals were altered (See notes above)

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| **Reimbursement** **$** | **All must be completed and submitted together for reimbursement. If any of these items are missing, it will be returned to you to be completed before reimbursement can take place.*** Copy of **this** approved and completed form
* Completed Travel/Expense Voucher (Itemized)
* Original Receipts (if applicable)
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Northern California Conference

Office of Education

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