**Confirmation of Professional Growth Plan Completion**

|  |  |
| --- | --- |
| **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)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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) |



Northern California Conference

Office of Education

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