



State Of California
 California Commission On Teacher Credentialing
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PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name of Credential Holder: _____
Last *First* *Middle*

2. Home Address: _____
City *State* *Zip Code*

3. Daytime Telephone Number: _____

4. Social Security Number: _____

5. Name each credential you hold:	Expiration Date:
_____	_____
_____	_____
_____	_____

6. Name each professional growth advisor who has advised you.

First Advisor: _____ Approximate Dates of Service: _____

Credential Held: _____ Credential Number: _____

Second Advisor: _____ Approximate Dates of Service: _____

Credential Held : _____ Credential Number: _____

Third Advisor: _____ Approximate Dates of Service: _____

Credential Held: _____ Credential Number: _____

Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

(continued)

