

PROFESSIONAL GROWTH RECORD

State of Washington

Directions. Before you begin to fill out this form, please read all information describing standards, criteria, and indicators related to the Professional Certificate.

(1) Name of Candidate _____
Last First Middle

(2) Home Address _____
Number Street Apt. No.

City State Zip Code

(3) Daytime Phone No. (____) _____ (4) Social Security No. (____) _____

(5) Identify Each _____
Endorsement _____
on your _____
Certificate _____

(6) Name each College/University Professional Growth Advisor who has advised you.

Advisor _____ Institution _____ Dates _____

Advisor _____ Institution _____ Dates _____

Advisor _____ Institution _____ Dates _____

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Standard/Criterion	Approval of Core Activities		Verification of Completed Activities	
	Date	Advisor Initials	Date	Advisor Initials
1 Effective Teaching				
(a) Using instructional strategies that make learning meaningful and show positive impact on student learning				
(b) Using a variety of assessment strategies and data to monitor and improve instruction				
(c) Using appropriate classroom management principles, processes and practices to foster a safe, positive, student-focused learning environment				
(d) Designing and/or adapting challenging curriculum that is based on the diverse needs of each student				
(e) Demonstrating cultural sensitivity in teaching and in relationships with students, families, and community members				
(f) Integrating technology into instruction and assessment				
(g) Informing, involving, and collaborating with families and community members as partners in each student's educational process, including using information about student achievement and performance.				
2 Professional Development				
(a) Evaluating the effects of his/her teaching through feedback and reflection;				
(b) Using professional standards and district criteria to assess professional performance, and plan and implement appropriate growth activities				
(c) Remaining current in subject area(s), theories, practice, research and ethical practice				
3 Professional Contributions				
(a) Advocating for curriculum, instruction, and learning environments that meet the diverse needs of each student				
(b) Participating collaboratively in school improvement activities and contributing to collegial decision-making.				

<p>Certification of Initial Plan.</p> <p>I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.</p> <p>_____</p> <p style="text-align: center;">Advisor's Name (Print of Type)</p> <p>_____</p> <p style="text-align: center;">Advisor's Signature</p> <p>_____</p> <p style="text-align: center;">College/University</p> <p>_____</p> <p style="text-align: center;">Date of Approval</p>	<p>Verification by Candidate.</p> <p>Under penalty of perjury, I certify that, to the best of my knowledge, the information on this form is accurate.</p> <p>_____</p> <p style="text-align: center;">Candidate's Signature</p> <p>_____</p> <p style="text-align: center;">Date of Verification</p>	<p>Verification of Completion.</p> <p>I certify that I have been this credential holder's advisor, and that, to the best of my knowledge, the above information is accurate.</p> <p style="text-align: center;">Dr. Sheila Fox</p> <p>_____</p> <p style="text-align: center;">Advisor's Name (Print or Type)</p> <p>_____</p> <p style="text-align: center;">Advisor's Signature</p> <p style="text-align: center;">Western Washington University</p> <p style="text-align: center;">College/University</p> <p style="text-align: center;">(360) 650-3332</p> <p>_____</p> <p style="text-align: center;">Workday Telephone Number</p> <p>_____</p> <p style="text-align: center;">Date of Verification</p>
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