

Professional Growth Plan

PART II

Form PGP2.FormB

School Year: _____

Washington Conference of Seventh-day Adventists

Educator Name: _____ School: _____

Directions:

1. PGP2.FormB is for educators who are working on their **Washington State Certification** requirements **OR** other **continuing education coursework**.
2. **Complete** PGP2.FormB,
3. Make a **copy** for personal records.
4. **Submit** by **DUE DATE**.

- 1) **Washington State Certification number?** (Residency, Professional, Substitute) _____
- 2) **Place of enrollment?** _____
- 3) **Please circle the type of program enrolled:** **Pro-Cert** **On-site** **Online**
- 4) **Total credits you planned on completing this school year?** _____
- 5) **Total credits needed for certification?** _____
- 6) **List of classes you COMPLETED during the _____ school year.**

Course #	Course Title	Dates	Credit	Grade

*Please attach additional sheet if more space is needed.

- 7) **You are REQUIRED to submit a copy of transcripts** from completed coursework with PGP2.FormB on DUE DATE. If Washington State Certification requirements are completed during this time, attach a **copy of certificate**.

SUMMATIVE ASSESSMENT

1. **What was the target goal of your Professional Growth Plan?**

2. What were the components you addressed? (Discuss impact on students and personal growth)

3. Write a descriptive summary of the process you used.

4. Reflect on the vital results/outcomes from your Professional Growth Plan.

5. Comments