INDIVIDUAL PROFESSIONAL GROWTH - ANNUAL UPDATE

School Name: _____ Date: _____

Teacher Name: _____ Position/Grade: _____

California Credential

		Yes	No				
	Preliminary			Date Issued		Date for Renewal	
	Lifetime			Date Issued		Date for Renewal	
	Clear			Date Issued		Date for Renewal	
Out of State Credential				State of Issuance			
Other Certificates:							

Newly Awarded Academic Degree

Name of Degree: _____ Institution: _____

Date Issued: Major/Minor:

During Time Period of: _____

PROFESSIONAL GROWTH/INSERVICE, CLASSES (do not include Religious Workshops) 15 hrs. = 1 Credit

Date	Workshop/Class	Speaker/Organization/Location	Hours	Credits
		Total Professional Growth/Inservice, Classes Hours/Credits		

I certify that I have documentation for the in-services/classes listed above.

Teacher Signature

I have approved the in-services / classes listed as credit toward professional growth.

Principal Signature