**California State University, Fullerton**

**College of Education**

**Multiple Subject Credential Program**

**Individual Development Plan**

Candidate Name: Date:

Semester/Year:

*Directions: Complete this Individual Development Plan in consultation with your mentor teacher prior to your clinical coach’s final observation. Have a hard copy of the plan available for review and discussion with your clinical coach during your final post-observation conference.*

**STEP 1: IDENTIFY STRENGTHS AND GROWTH AREAS**

Reflect on the conversations you have had with your mentor teacher(s), the targets identified in collaboration with your clinical coach(es), insights gained through the CalTPA Instructional Cycles, and any other sources of input, feedback, and reflection.

Based on these sources of evidence and your knowledge of the six Teaching Performance Expectations (TPE), respond the following items.

1. Identify 2-3 areas of strength demonstrated during student teaching. Be specific.
2. Identify 2-3 areas for growth as you begin your first teaching position. Be specific.
(Note: A growth area may be an extension of a strength area.)

**STEP 2: IDENTIFY NEXT STEPS**

Select one growth area for further reflection and planning. This growth area may become part of your professional development plan during your first year of teaching (induction program).

1. Identify the chosen growth area, noting the TPE and the reasons for your selection. Include specific evidence.
2. What STRENGTHS, funds of knowledge, or assets do you bring to this growth area?
3. List 3-4 specific ACTION STEPS, including resources, to guide your professional growth in this area.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature Date

*I have reviewed with the candidate this Individual Development Plan. We have discussed their identified strengths, areas for growth, and ideas for continued professional development.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

University Clinical Coach (Print) University Clinical Coach (Signature) Date