



# CARES: Compensation and Retention Encourages Stability

## El Dorado County Child Care and Development Planning Council

### Guidelines for Completing the Professional Growth Plan And Record

**PROFESSIONAL GROWTH PLAN AND RECORD**  
California Commission on Teacher Credentialing  
State of California

For information  
(916) 445-7254  
12:30 to 4:30 p.m.

Directions: Before you begin to fill out this form, please read the Plan and Record instructions and the Professional Growth Manual and make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete. When you have completed the Professional Growth Requirements and are ready to renew your Child Development Permit, submit this form, the Advisor Eligibility Form, a credential application form (yellow), and the renewal fee.

(1) Name of Credential Holder: Holder Mary Ann Permit  
Last First Middle

(2) Home Address: 000 18th Street Apt. No. \_\_\_\_\_  
Number Street  
Sacramento CA 00000  
City State Zip Code

(3) Daytime Phone # (916) 555-7254 (4) Social Security # 000-00-000

(5) Name Each Credential You hold: Child Development Teacher Permit 7-1-99  
Expiration Date  
\_\_\_\_\_  
Expiration Date  
\_\_\_\_\_  
Expiration Date

(6) Name Each Professional Growth Advisor who has advised you:  
First Advisor: John Doe Approximate Dates of Service: 7-1-94 to present  
Cred or Permit Held: Children's Center Suprv Permt Permit # 93000004  
Second Advisor: \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_  
Cred or Permit Held: \_\_\_\_\_ Credential # \_\_\_\_\_  
Third Advisor: \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_  
Cred or Permit Held: \_\_\_\_\_ Credential # \_\_\_\_\_

**Professional Growth Plan**

(7) GOAL NUMBERS	(8) PROFESSIONAL GROWTH GOALS	(9) DATE APPROVED	(10) ADVISOR'S INITIALS
1			
2			
3			

Please print or type your name as listed on your professional clear credential. If you wish to have a different name on your new credential, please indicate it on the credential application form.

Print or type the address where you would like the Commission to send your renewed credential.

Type or print the title and date of expiration of each credential you hold.

Type or print the name of each professional growth advisor who has advised you, the approximate term of advisement, the title of the credential your advisor holds and its credential number.

Type or print your specific goals for professional growth. Number each goal. Your goals must contribute to your competence, performance or effectiveness in the profession of education.

Your advisor must approve each new goal by writing in the date of approval and initialing it.

### Suggested Professional Growth Goals

#### Goal Numbers

#### Professional Growth Goals

1. Successfully complete community college course work
2. Successfully complete application for Child Development Permit Matrix
3. Actively participate in workshops and conferences
4. Actively participate in community activities