

**Professional Growth Plan
Original Plan**

(month/day/year) Expiration Date
of my Colorado license

NAME: _____
 Last First Middle

SCHOOL: _____

GRADE LEVEL/SUBJECT: _____

In order for an activity to carry professional growth credit, all activities must be consistent with this teacher's professional growth plan, and it must meet the following:

For horizontal advancement credit, at least one-half of the 15 semester hours required to advance to the next column on the salary schedule must be college/university credit and/or district-approved activities.

See Policy 4130/4880 Section 5 and Procedure 4130.1 or 4880.1 for specific details of approved Professional Growth activities.

PLAN: _____

If you require additional space, please attach separate sheet(s).

DATE: _____

Signature of Teacher

Signature of Supervisor(s)

Approved by Superintendent, Robert D. Tschirki, September 8, 1997
Revised by Superintendent, Mary F. Chesley, July 1, 2009