



State of California
 Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

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 Website: www.ctc.ca.gov

PROFESSIONAL GROWTH PLAN AND RECORD FORM For Child Development Permits

Please fill out this form **completely**. Before you begin, please read the instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. **Name:** _____
Last *First* *Middle*

2. **Home Address:** _____
Number *Street* *Apt. No.*

_____ *City* *State* *Zip Code*

3. **Daytime Phone Number:** _____ **Email Address:** _____

4. **Social Security Number:** _____

5. **List each credential and/or permit you hold:** _____ **Expiration Date:** _____

6. **List each professional growth advisor who has advised you.**

First Advisor _____ Approximate Dates of Service _____
 Credential /Permit Held _____ Credential/Permit Number _____

Second Advisor _____ Approximate Dates of Service _____
 Credential/Permit Held _____ Credential/Permit Number _____

Third Advisor _____ Approximate Dates of Service _____
 Credential /Permit Held _____ Credential/Permit Number _____

Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

