

**San Francisco Unified School District
Teacher's Annual Professional Growth Plan & Activities Record**

Purposes of the Professional Growth Plan:

- To document activities for the 150 professional growth hours required to renew your Clear Credential.
- To provide evidence of professional growth as required by your site administrator.
- To document activities for SFUSD increment salary credit. (16 hours = 1 unit credit)

NOTE: To receive increment credit for activities in the current school year, submit this COMPLETED, SIGNED Record annually between May 1 and June 15 of each school year to Winnie Tse, Salary Office, Human Resources, 555 Franklin, 2nd floor, SF, CA 94102. Call 241-6101 with questions.

Name:		Soc. Sec. #	Employee I.D. #:
Work Location:		School Year:	
Professional Growth Advisor's Name: (Advisor must be a SFUSD site or central office administrator, and a supervisor of the employee.)		Position:	
Initial planning meeting with advisor		Date:	Advisor's Signature:
Final approval of completed work		Date:	Advisor's Signature:
School Site Plan Goal: (Example: <i>Goal: Students will engage in critical thinking and problem solving in their classes on a daily basis.</i>)	CA Teaching Standards Addressed: (Example: <i>CSTP 1.4- Engage students in problem solving, critical thinking, and other activities that make subject matter meaningful.</i>)	Personal Professional Development Objectives: (Example: <i>I will attend professional development in higher order questioning strategies, and in Socratic seminars</i>)	
Participation in programs, or individuals that provide professional support to the teacher: (Example: coach, teacher leader, support provider, teacher on special assignment, study group, etc.)			

Record of Professional Growth Activities

(XEROX and include as many pages as needed to record professional development activities) p. ____ of ____

Name: _____ Employee I.D.# _____ School Year: _____

Activity Title & Description Include Activity # from District Professional Development Calendar	Date(s) and # of hours ¹	√ for incr. credit	√ for cred. renewal	Information learned or outcomes resulting from this activity
(#)	Verified: _____			
(#)	Verified: _____			
(#)	Verified: _____			
(#)	Verified: _____			
(#)	Verified: _____			

¹ Facilitator/presenter verifies by his/her signature, the teacher's participation and checks the appropriate box for credit. If a stipend or extended hours is paid, the teacher **cannot** receive increment credit for this activity. College units receive credit by providing original copies of transcripts attached to this form. Verification is required for increment credit. The CCTC MAY audit individual professional growth hours records if submitted for cred. renewal.

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