

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Professional Certification
Old Capitol Building
PO BOX 47200
Olympia WA 98504-7200
(360) 725-6400 TTY (360) 664-3631

PROFESSIONAL GROWTH PLAN (PGP) TEMPLATE FOR CERTIFICATE RENEWAL

First Name:	L	.ast Name:			
Certificate Number or Birthdate:	,				
Certificates Held: (residency certificates do not need to be listed) Professional Teacher Professional Principal Professional Program Administrator Professional School Counselor Professional School Psychologist	Continuing Teacher Continuing Principal Continuing Program Administrator Continuing School Continuing School Psychologist Continuing Superint Continuing CTE Teach	al n Counselor ntendent	☐ Initial Program Administrator ☐ Initial School Counselor ☐ Initial School Psychologist ☐ Initial Superintendent ☐ Initial Occupational Therapist ☐ School Physical Therapist ☐ School Nurse ☐ School Speech-Language Pathologist ☐ School Social Worker		
District/Agency:		Academic Year (use 1 form each year):			
Describe your selected professional growth areas of focus, as well as information from your self-assessments that supports your selections. If holding multiple certificates, please indicate the Role for the Goal aligned with the Standard and Criteria/Strand. Please note the legislatively mandated certificate renewal requirements below. • STEM renewal requirement: All elementary education, middle level math / science, and secondary math / sciences / technology and career and technical education teachers must demonstrate					

STEM renewal requirement: All elementary education, middle level math / science, and secondary math / sciences / technology and career and technical education teachers must demonstrate completion of at least one goal from an annual PGP with a specific focus on the integration of STEM instruction out of the four annual required PGPs. (RCW 28A.410.2212, WAC 181-79A-251). Applications for certificate renewal dated September 1, 2018 and beyond must document

- TPEP renewal requirement: All teachers, principals, program administrators, and superintendents
 with continuing or professional certificates must document completion of at least one goal from an
 annual PGP related to knowledge and competency of the teacher and principal evaluation criteria
 or system (RCW 28A.410.278). Applications for certificate renewal dated September 1, 2018 and
 beyond must document completion of this requirement.
- Suicide prevention training requirement: Beginning July 1, 2015, all continuing and professional
 certificates for the following educational staff associates (school nurses, school social workers,
 school psychologists, school counselors) will include a requirement for suicide prevention training
 for renewal per (RCW 28A.410.226).

completion of this requirement.

Professional Growth Goals Based on your self-assessment, identify areas of focus that will lead to your professional growth.	Rationale What will you and/or your students be able to do as a result of your professional growth that you and/or they are not able to do now?		Standards-based Benchmarks For initial, continuing, and professional level certificates, focus on the "career" level benchmarks listed at http://program.pesb.wa.gov/professional-growth-plan-pgp-t/career-level-standards-for-pgps			
Activities What specific growth activities will you engage in to obtain the identified new learning? The activities should focus on both the content knowledge you acquire as well as the skills you develop.		Proposed Evidence Briefly describe the evidence that you will collect. Evidence may include areas beyond test scores such as attendance rates, discipline referrals, programs implemented, and other student or adult data.				
Describe the evidence that you have collected. Provide evidence and documentation for the supervisor or certificated colleague to review. Describe your learning and outcomes from the PGP activities. Based on this learning, what are some next steps that might guide future professional growth?						

I declare under penalty of perjury under the laws of the State of Washington that I have completed the professional growth plan and submitted evidence to that effect. The intentional misrepresentation of a material fact in this form subjects the certificate holder to revocation of his/her certificate pursuant to chapter 181-86 WAC.				
		Date:		
Educator Signature (required)	Print Name			
I declare under penalty of perjury under the laws of the State of Washington that I have reviewed the professional growth plan and evidence to that effect. The intentional misrepresentation of a material fact in this form subjects the certificate holder to revocation of his/her certificate pursuant to chapter 181-86 WAC.				
		Date:		
Supervisor/Colleague Signature	Print Name			