

UNIVERSITY OF IDAHO PERSONAL GROWTH PLAN

Student Intern Name: _____ Date: _____
School: _____ Subject/Grade: _____
Supervisor(s): _____ (Individual(s) initiating assistance plan)

Core Teaching Standard(s) being addressed: <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;"><input type="checkbox"/> Knowledge of subject matter</td><td style="width: 50%; border: none;"><input type="checkbox"/> Professional commitment</td></tr><tr><td style="border: none;"><input type="checkbox"/> Adapting instruction for individual needs</td><td style="border: none;"><input type="checkbox"/> Knowledge of human development and learning</td></tr><tr><td style="border: none;"><input type="checkbox"/> Multiple instruction strategies</td><td style="border: none;"><input type="checkbox"/> Motivation and management</td></tr><tr><td style="border: none;"><input type="checkbox"/> Communication skills</td><td style="border: none;"><input type="checkbox"/> Assessment</td></tr><tr><td style="border: none;"><input type="checkbox"/> Instructional planning</td><td style="border: none;"><input type="checkbox"/> Partnerships</td></tr></table>	<input type="checkbox"/> Knowledge of subject matter	<input type="checkbox"/> Professional commitment	<input type="checkbox"/> Adapting instruction for individual needs	<input type="checkbox"/> Knowledge of human development and learning	<input type="checkbox"/> Multiple instruction strategies	<input type="checkbox"/> Motivation and management	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Assessment	<input type="checkbox"/> Instructional planning	<input type="checkbox"/> Partnerships
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Statement of Concern (specific problem): 										
Statement of Objective(s) (future, improved behavior/what is required in terms of teaching behavior): 										
Intervention Strategies/Activities: 										
Timeline of Events/Evaluation of Improvement: 										
Intended Evidence Collection (objective, factual evidence collected from multiple sources): 										

Acknowledgment: Failure to achieve the stated objectives may result in: **a)** alternate placement, **b)** a redesigned growth plan, **c)** deferred completion of the field experience and a plan for remediation, **d)** dismissal from the intern teaching experience, or **e)** a combination of actions. Any and all field experience recommendations will be made based on evidence of improvement or lack thereof.

		Date _____
Intern Name (Printed)	Intern Signature	
		Date _____
Mentor Teacher Name (Printed)	Mentor Teacher Signature	
		Date _____
Supervisor Name (Printed)	Supervisor Signature	