

**Individual Development Plan – Department of Learning and Teaching**

**(Preliminary Induction Planning)**

**Program Contact:** Department Chair- Michael Cosenza (mcosenza@callutheran.edu)

(805) 493-3595

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| **Your Name:** |  | **Program start and completion dates (example: 6/20-5/21)** |  |
| **Site:** |  | **Credential Pathway (General Education, Ed. Specialist, etc.)**  |  |
| **University****Supervisor:** |  | **District****Supervisor:** |  |
| **Identification of the Credential that has been Recommended for this Candidate** Preliminary Credential (P5) in following area: [ ]  Multiple Subject [ ]  Multiple Subject with Bilingual Authorization [ ]  Single Subject [ ]  Single Subject with Bilingual Authorization  [ ]  Education Specialist: Mild/Moderate Support Needs (MMSN) [ ]  Education Specialist: Extensive Support Needs (ESN) [ ]  Education Specialist: Deaf and Hard of Hearing (DHH) |

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| **As you reflect back on your experiences as a teacher candidate, identify 2-3 specific TPEs in which you feel you have demonstrated strength?** |
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| **TPE 1: Engaging and Supporting all Students in Learning** [ ]  |
| **TPE2: Creating and Maintaining Effective Environments for Student Learning** [ ]  |
| **TPE 3: Understanding and Organizing Subject Matter for Student Learning** [ ]  |
| **TPE 4: Planning Instruction and Designing Learning Experiences for All Students** [ ]  |
| **TPE 5: Assessing Student Learning** [ ]  |
| **TPE 6: Developing as a Professional Educator** [ ]  |

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| **As you reflect back on your experiences as a teacher candidate, what are 2-3 goals you have for improving your pedagogy? Think about which TPEs and indicators with which you could use more support.** |
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| **What resources will you need when you enter the field to meet these identified goals? (e.g. faculty support, access to research, literature, video, and/or lesson plans).** |
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**Attestations**

[ ]  I verify that the preliminary program, candidate, district-employed supervisor (or CT), and program supervisor collaborated on the development of this IDP.

[ ]  I verify that this IDP is a portable document archived by the preliminary program.

[ ]  I verify copies of this IDP have been provided to the candidate for themselves and to transmit to the induction program and employer. The candidate understands it is their responsibility to transmit this IDP to the induction program and employer.

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Candidate’s Signature