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| **Candidate Name:** | **Credential Received: Multiple Subject 🞎** | |  |
| **University Supervisor:** |  | **Single Subject 🞎** | **SS Content area(s):** |
| **District- Employed**  **Support Provider:** | **Special Education** | | **M/M 🞎 M/S 🞎** |

**Step 1:** Based on evidence gathered during your teacher preparation program, please use the space below to describe your strengths in relation to the following:

|  |  |
| --- | --- |
| **TPE Domain** | **Describe the work you have done in this area during your credential program.**  **Where would you like to go from here?**  **What Professional Learning Opportunities would you like to receive within each area as you enter your teaching career?** |
| **TPE 1**  **(CSTP 1)**  **Engaging and Supporting All**  **Students in Learning** |  |
| **TPE 2**  **(CSTP 2)**  **Creating and Maintaining Effective Environments for Student Learning** |  |
| **TPE 3**  **(CSTP 3)**  **Understanding and Organizing**  **Subject Matter for Student**  **Learning** |  |
| **TPE 4**  **(CSTP 4)**  **Planning Instruction and Designing**  **Learning Experiences for All**  **Students** |  |
| **TPE 5**  **(CSTP 5)**  **Assessing Student Learning** |  |
| **TPE 6**  **(CSTP 6)**  **Developing as a Professional**  **Educator** |  |

**Step 2**: Reflect on evidence gathered during your teacher preparation program and identify one to four tentative professional growth goals. (Box expands

and/or use additional pages).

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**Step 3**: The candidate is responsible for completion of this document during the 3-way meeting when the candidate, University Supervisor, and District Employed Support Provider complete the final Evaluation of Student/Intern Teacher Effectiveness form at the conclusion of the second semester student/intern teaching placement. A copy of the document should be submitted by the University Supervisor along with the Evaluation of Student/Intern Teacher Effectiveness. The candidate should retain a copy to submit to his/her Induction Program Support Provider.

Candidate Signature/Date University Supervisor Signature/Date District Employed Supervisor Signature/Date