

H. School of Education ♦ Clinical Practice Assessment ♦ Individual Development Plan (IDP)

Directions: Before exiting the preliminary credential program, candidates, mentors and university supervisors will collaborate on an IDP consisting of recommendations for professional development and growth in the candidate's clear program. The plan is a portable document archived by the preliminary program and provided to the candidate for transmission to the clear/induction program

Candidate Name	Supervisor Name	Mentor Teacher Name	School Site Placement	Placement Grade Level
School of Education Program: Select ▾		Date:	Recommended Credential: Education Specialist MM/SN	
Enrollment Dates in Program: Fall _____ to Spring _____		Clinical Fieldwork Supervision Modality: Select 1 ▾		

Refer to Clinical Practice Assessment TPE Rubric for reference and language related to each TPE area of strength and growth (cut and paste from rubric is OK!)

TPE Domain	TPE Strength	TPE Areas for Professional Growth
TPE 1 Engaging and Supporting All Students in Learning		
TPE 2 Creating and Maintaining Effective Environments for Student Learning		

<p>TPE 3 Understanding and Organizing Subject Matter for Student Learning</p>		
<p>TPE 4 Planning Instruction and Designing Learning Experiences for All Students</p>		
<p>TPE 5 Assessing Student Learning</p>		
<p>TPE 6 Developing as a Professional Educator</p>		
<p>TPE 7 Effective Literacy Instruction for All Students</p>		

Other Areas of Interest & Future Professional Development

The signatures below acknowledge the following:

1. The candidate, mentor, and supervisor collaborated on the development of the IDP.
2. The IDP is a portable document archived by the program and provided to the candidate for transmission to their induction program and employer.
3. The candidate has received a copy of the IDP and understands their responsibility to provide it to the induction program.

Signatures:

Candidate Signature	Candidate Name	Date
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Mentor Signature	Mentor Name	Date
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University Supervisor Signature	University Supervisor Name	Date
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Program Leader Signature	Program Leader Name	Date
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