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|  | **Professional Growth and** **Development Plan (PG&D)**Implemented by the Program Faculty groups to assist our students with a path to growth and success  |

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| **Instructions: Complete the following information. Signatures are required.** Send original to soe@usca.edu or to the SOE office |

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| Name of Candidate:  | Date of PG&D: |
| Educator Certification Area:  | Prof Program Block: |
| **Professional Growth and Development Plan:** |
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| Program Coordinator Signature:  | Date Signed:  |
| Candidate Signature: | Date Signed:  |

**Please review and sign indicating that you understand and accept your responsibilities within this Growth Plan then return to the SOE Office by email to** **soe@usca.edu****. You may also mail or bring directly to the SOE office, keeping the no later than date in mind.**

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| **Check-In Date** | **Form of Communication** | **Notes** | **Initials** |
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