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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](mailto: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**](mailto: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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