



## PROFESSIONAL GROWTH PLAN AND RECORD FORM For Child Development Permits

Please fill out this form **completely**. Before you begin, please read the instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. **Name:** \_\_\_\_\_  
*Last* *First* *Middle*
  
2. **Home Address:** \_\_\_\_\_  
*Number* *Street* *Apt. No.*  
 \_\_\_\_\_  
*City* *State* *Zip Code*
  
3. **Daytime Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_
  
4. **Social Security Number:** \_\_\_\_\_
  
5. **List each credential and/or permit you hold:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. **List each professional growth advisor who has advised you.**  
 First Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_  
 Credential /Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_  
 Second Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_  
 Credential/Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_  
 Third Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_  
 Credential /Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_

### Professional Growth Plan

| 7. Goal Numbers | 8. Professional Growth Goals | 9. Date Approved | 10. Advisor's Initials |
|-----------------|------------------------------|------------------|------------------------|
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State of California  
Commission on Teacher  
Credentialing Certification Division

Email: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

**VERIFICATION OF HOURS SPENT ON A PROFESSIONAL  
GROWTH ACTIVITY**  
For the Renewal of a Child Development Permit

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Title of Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Activity: \_\_\_\_\_

Number of Hours Spent on Activity: \_\_\_\_\_

Activity Leader/Presenter:

\_\_\_\_\_  
*Name (print or type)*                      *Signature*                      *Date*

Permit Holder:

\_\_\_\_\_  
*Name (print or type)*                      *Signature*                      *Date*



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## ELIGIBILITY REQUIREMENTS FOR PROFESSIONAL GROWTH ADVISORS (For Advisors of Permit Holders Who Live in California)

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Advisor's Name: \_\_\_\_\_  
(Print or Type)

Please check the appropriate box, sign and date the form, and give a photocopy to the holder of the California Child Development Permit for inclusion with his/her application for renewal.

To serve as a professional growth advisor within California, you must qualify with one of the following criteria. Please check the appropriate box.

- A Child Development Permit at the Teacher level or above plus three years experience teaching or serving as a director in an early childhood education setting  
(This includes any permit authorizing instruction or supervision in a child development program issued under previous regulations as long as it is a full permit rather than an emergency, limited, postponed, or provisional permit.)
- An Early Childhood Education Specialist Credential
- A Multiple Subject Teaching Credential holder with an emphasis in early childhood education
- A Standard Early Childhood Teaching Credential
- An Elementary (General, Standard, or Ryan) teaching credential and at least 12 semester units of child development or early childhood education coursework
- An Elementary (General, Standard, or Ryan) teaching credential and at least two years experience in an early childhood education/child development setting
- A secondary teaching credential with a major in home economics and at least 12 semester units of child development or early childhood education coursework
- A secondary teaching credential with a major in home economics and at least two years experience in an early childhood education/child development setting
- A master's degree or above in early childhood education or child development
- At least five years experience as a director of a child development center

***I hereby certify (or declare) under penalty of perjury that all the foregoing information is true and correct.***

\_\_\_\_\_  
*Signature of Advisor*

\_\_\_\_\_  
*Date*



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## ELIGIBILITY REQUIREMENTS FOR PROFESSIONAL GROWTH ADVISORS (For Advisors of Permit Holders Who No Longer Live in California)

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Advisor's Name \_\_\_\_\_  
(Print or Type)

Please check the appropriate box, sign and date the form. Give a photocopy to the holder of the California Child Development Permit for inclusion with his/her application for renewal.

To serve as a professional growth advisor, you may qualify with one of the following criteria. Please check the appropriate box.

- A teaching credential with an emphasis in early childhood education
- An elementary teaching credential **and** at least 12 semester units of child development or early childhood education coursework
- An elementary teaching credential **and** at least 2 years experience in an early childhood education/child development setting
- A secondary teaching credential with a major in home economics **and** at least 12 semester units of child development or early childhood education coursework
- A secondary teaching credential with a major in home economics **and** at least 2 years experience in an early childhood education/child development setting
- A master's degree or above in early childhood education or child development
- Five or more years experience as a director of a child development center

***I hereby certify (or declare) under penalty of perjury that all the foregoing information is true and correct.***

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Signature of Advisor

Date