BSEE Individual Professional Development Plan

Student’s Name: ________________________ Semester: _______________ Date _____

A. Educator Disposition Standards

<table>
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<tr>
<th>Area of improvement</th>
<th>Expected Outcomes and Evidence of Completion</th>
<th>Resources Needed (Seminars)</th>
<th>Timeline</th>
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</thead>
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</table>

Student’s Signature: ________________________ College Supervisor’s Signature: ________________________
Date:  Click or tap to enter a date. __________ Date:  Click or tap to enter a date. __________

Plan:  Individual □  Monitored □  Directed □
Individual Professional Development Plan

Intern’s Name: ____________________________  Academic Year: ____________________________

B. Evidence of Progress toward Specific Standards or Elements to be Addressed/Enhanced

C. Goal 1 was successfully completed  YES ☐  NO ☐

Goal 2 was successfully completed  YES ☐  NO ☐

D. Narrative

Student’s Comments: ____________________________  College’s Comments: ____________________________

Intern’s Signature: ____________________________  College Supervisor’s Signature: ____________________________

Date:  Click or tap to enter a date.  ____________________________