

BSETE Individual Professional Development Plan

Student's Name: _____ Semester: _____ Date: _____

A. Educator Disposition Standards

Area of Improvement	Expected Outcomes and Evidence of Completion	Resources Needed (Seminars)	Timeline

Student's Signature _____ College Supervisor's Signature _____

Date: _____ Date: _____

Plan: Individual ☐ Monitored ☐ Directed ☐

Individual Professional Development Plan

Review to be completed by (date) _____

Intern’s Name: _____

Academic Year: _____

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

C. Goal Completion

Goal 1 was successfully completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Goal 2 was successfully completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

D. Narrative

Student’s Comments:	College’s Comments
Intern’s Signature _____	College Supervisor’s Signature _____
Date: _____	Date: _____

