

Initial Approval _____

Date _____

PROFESSIONAL DEVELOPMENT PLAN

Pre-intern Name _____ Instructor _____

Accomplished Practice (Identify key indicator relevant to the goal)	Strategies planned to meet goals Minimum of <u>2</u> strategies for each goal required	Completion Date Anticipated	Completion Date Actual	Midterm Checkpoint Initials	Strategy Sign-off Final
Pre-Intern Goal Minimum of 2 required (one per page)					

Signature of Pre-intern

Date

Signature of UNF Field Experience Instructor

Date

Signature of Directing Teacher

Date