**Multiple Subject Individual Learning Plan (ILP)**

Teacher Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the completion of the Sonoma State University Multiple Subject Credential Program, Teacher Candidates will work collaboratively with the University Program Supervisor and District-Employed Supervisor (DES/Mentor) to reflect and complete an Individual Learning (ILP). This plan is based on the results of the Mid-Term & End Semester Evaluation, formal and informal classroom observations, and other indicators of performance. The teacher candidate will identify two goals related to the Teacher Performance Expectations (TPE)/California Standards for the Teaching Profession (CSTP). The ILP is used by Teachers with Preliminary Credentials along with artifacts and work from teacher preparation when meeting with their Induction Mentor during their first year of teaching.

Directions: Based on an evaluation of your teaching using the resources listed above, select two Teacher Performance Expectations within the *California Standards for the Teaching Profession* on which to focus during the initial phase of your professional Induction period.

* + CSTP/TPE 1: Engaging and Supporting Students in Learning
  + CSTP/TPE 2: Creating and Maintaining Effective Environments for Student Learning
  + CSTP/TPE 3: Understanding and Organizing Subject Matter for Student Learning
  + CSTP/TPE 4: Planning and Designing Learning Experiences for Students
  + CSTP/TPE 5: Assessing Student Learning
  + CSTP/TPE 6: Developing as a Professional Educator

1. Indicate each of the selected standards by *number*. Write a corresponding very specific, measurable professional growth goal for *each* of the selected standards.
2. Save this form for your future use in the first year of teaching. One copy belongs with your supervisor, as well.

**TPE\_\_\_\_\_\_\_\_\_\_\_ Professional Growth Goal:**

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Teacher Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

DES (Mentor) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Program Supervisor Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_