



## PROFESSIONAL DEVELOPMENT PLAN - University Courses

Date \_\_\_\_\_ to \_\_\_\_\_

This **Professional Development Plan** conveys your intent, with the agreement of your employer or supervisor and an approved Idaho State University or University of Idaho CTE teacher educator (per signatures below), to successfully complete pedagogy coursework to move from the Limited Occupational Specialist (LOS) to the Standard Occupational Specialist (SOS) Certificate at the conclusion of the LOS validity period. If choosing this option, this form must be included as an element of the application packet when applying for initial certification.

<b>Name:</b>		<b>EDUID Number:</b>		
<b>Home Address:</b>		<b>Home/Cell Phone:</b>		
<b>Work Address:</b>		<b>Work Phone:</b>		
<b>Current Position:</b>				
<b>Current Credential(s) Held:</b> Currently applying for Limited Occupational Specialist Certificate.				
<b>Credential(s) Sought:</b> Seeking Standard or Advanced Occupational Specialist Certificate.				
<b>Professional Development Plan Goal Statement:</b> Within the three-year validity period of the Limited Occupational Specialist, engage in educator pedagogical training to qualify for a Standard or Advanced Occupational Specialist Certificate upon renewal.				
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Preservice, First Camp, First Camp OA	Online	Ongoing		80
*Methods of Teaching CTE	ISU or U of I		3	
*Principles/Philosophies of CTE	ISU or U of I		3	
*Evaluation and Assessment	ISU or U of I		3	
*Guidance/Transition to Work	ISU or U of I		3	
*Occ Analysis/Curriculum Design	ISU or U of I		3	
Of the above five university courses, IDAPA 08.02.02 requires courses marked with an asterisk (*). The candidate must additionally elect to complete two of the three courses marked with "+" based on the advisement of the university CTE teacher educator.				
<b>Local Supervisor:</b> Printed Name		<b>Title/Institution:</b> For Local Supervisor		
<b>Local Supervisor's Signature</b>		<b>Date</b>		
<b>University CTE Teacher Educator:</b> Printed Name		<b>Title/Institution:</b> For University CTE Teacher Educator		
<b>University CTE Teacher Educator's Signature</b>		<b>Date</b>		
<b>Applicant's Signature</b>		<b>Date</b>		
Revisions to this professional development plan can be made at any time. Make note of changes on this sheet and send a copy to the director for IDCTE educator certification at the address noted in the directions above.				
<b>Received by ICTE Certification Office, on Date:</b>				