

Name_____ Full-time_____ Part-time_____ Date Received_____

Home Address _____ Home Phone _____ Campus Phone_____

INDIVIDUAL IMPROVEMENT PLAN

It is my understanding that all community college vocational education instructors, counselors, and administrators are required to be certified in order to meet State regulations. My plans to complete the next step of certification are as follows:

CLOCK HOUR REQUIREMENTS: =====	Planned Completion Date	Completion Date	Activities	Vocational Dir. Approval
TEACHING ORIENTATION (15 clock hrs.) (Temporary Certificate)				
TEACHING & FACILITATING LEARNING or equivalent (30 clock hrs./One Yr. Certificate) (Unit I)				
DEVELOPING AND REVIEWING PROGRAMS or equivalent (30 clock hrs./Five Yr. Certificate) (Units II & III)				

PROFESSIONAL IMPROVEMENT UNITS: =====	Planned Completion Date	Completion Date	Activities	Vocational Dir. Approval
ADDITIONAL COLLEGE CREDIT				
PAID OR UNPAID FIELD WORK OR CLINICAL EXPERIENCE				
CONFERENCES, SEMINARS, AND INDUSTRY OR ORGANIZATION TRAINING PROGRAMS				
TRAVEL RELATED TO DISCIPLINE				
CURRICULUM DEVELOPMENT				
INDEPENDENT RESEARCH & DEVELOPMENT				

Instructor's Signature_____

Date_____