



PROFESSIONAL GROWTH ADVISOR CONFIRMATION

Name of STAR Applicant: _____

I certify that I have agreed to serve as the **Professional Growth Advisor** for the STAR stipend applicant named above. I also certify that I meet the qualifications to serve as a Professional Growth Advisor set by the California Commission on Teacher credentialing*.

I have met with this applicant _____ **times** between July 1, 2004 and December 31, 2005 for a total of _____ **hours**.

I certify that I have worked with this applicant to develop a Professional Growth Plan and Record.

Professional Growth Advisor's Printed Name

Phone Number

Professional Growth Advisors Signature

Date

*These qualification can be viewed at www.etc.ca.gov/credentials/manuals-handbooks/PG_manual_childdev.pdf p.24 & 25.