#####

##### Fitchburg State University Horizontal metalic logo GIFCandidate Finalized Professional Practice Goal(s) & Implementation Plan

This form is completed by the Program Supervisor and Supervising Practitioner at the 1st 3-way meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

**Goal(s)**: Based on the candidate’s self-assessment and the baseline ratings determined by the Program Supervisor and Supervising Practitioner, the candidate has set the following S.M.A.R.T goal(s):

|  |  |  |
| --- | --- | --- |
| **CAP Professional Practice Goal(s)** |  | Essential Element |
|  |

**Implementation Plan**: In support of attaining the goal(s), the candidate, Program Supervisor and Supervising Practitioner agree on the following actions *(add more rows as needed)*:

|  |  |  |
| --- | --- | --- |
| Action | Supports/Resources from  | Timeline/Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Measure of Student Learning**: In addition to attaining the professional practice goal, the candidate will also be assessed based in part on their impact on student learning. The Supervising Practitioner, in coordination with the Program Supervisor, has set the following measures of student learning.

|  |  |  |
| --- | --- | --- |
| Measure of Student Learning | Impact Rating | Parameters |
|  | High |  |
| Moderate |  |
| Low |  |

***Original and complete Candidate Finalized Professional Practice Goal(s) & Implementation must be included in the candidate’s Licensure Application Packet***