

## Individual Development Plan Addendum Sample

### Modifications made due to the impact of COVID-19 Health and Safety Restrictions:

600 Hours of clinical practice	<b>Hours reduced to 535</b>	
Formal evaluation	<b>No modification</b>	
Four weeks Solo/co-teaching experience	<b>No modification</b>	
Modalities for Supervision:	<b>US</b>	<b>CT or Principal</b>
Teaching and learning were:	Start	End

### Identification of specific TPEs/CSTPs where the candidate's skills need focused mentoring and coaching to support continued development.

Elements of TPE 5	Cycle of assessment across a school year due to so many regular assessment routines being waived during the pandemic
TPE 2.1, 2.2, 2.6	Establishing a safe environment in person, rather than through technology

### Please identify any outstanding requirements that will need to be completed while you teach with a Preliminary Credential with renewal codes for TPA and/or RICA (EO N66-20).

Program Requirements not completed due to COVID-19

Requirement	Date it must be completed	Date this was completed	Sign-off
Pass CalTPA – Cycle 2	June 30, 2021		
Pass RICA	June 30, 2021		

### Please identify any outstanding requirements that will need to be completed while you teach with a Program Sponsored Variable Term Waiver (PS-VTW).

Additional Requirements outstanding for Preliminary Credential due to COVID-19

Requirement	Date it must be completed	Date this was completed	Sign-off
CSET sub test	June 30, 2021		
CBEST			

I understand that the PS-VTW provides a waiver that extends my time to complete the above requirements. However, it does not waive these requirements. I must complete these by the dates indicated. Thereafter, a reissuance of the VTW may be possible for one additional year if compliant with the requirements in Title 5, California Code of Regulations section 80124. I will continue to be affiliated with my Teacher Preparation Program and receive support while working toward competition and application for the preliminary teaching credential.

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Name

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date