
INSTRUCTIONS FOR COMPLETION OF THE PROFESSIONAL DEVELOPMENT PLAN FORM

The Professional Development Plan instrument will be used for all faculty members. In addition, Administration will use it to formulate Development plans for Department Chairs/Program Chairs. The Professional Development Plan form should be referenced to a specific Self/Supervisor Evaluation by the evaluation date.

Each item in the Self/Supervisor Evaluation that was rated “Needs Improvement” should be addressed in the Professional Development Plan. The faculty member, supervisor and/or the Development Officer should all meet to complete this form. For each performance needing improvement, a developmental action should be indicated that all three agree will improve performance to the “Expected” level. Any assistance that will be required in order to accomplish the activity, along with the source of that assistance, should be indicated. Next the indicator that will be used to prove successful completion of the activity (observation of improved performance, documents being produced, etc.) should be listed, along with the target date for completion of the remedial activity. Some time after the target completion date (but before the next Self/Supervisor Evaluation takes place), the three parties should reconvene to examine the progress. Each activity should be marked as either complete or incomplete, and comments made on the “Evaluation of Progress” side of the form as appropriate. If a faculty member has not managed to complete an activity, the reasons for this should be listed. The faculty member should supply his or her own comments as appropriate as well.

A completed Professional Development Plan form is forwarded to Human Resources to be attached to the referenced Self/Supervisor Evaluation.

PROFESSIONAL DEVELOPMENT PLAN/ FACULTY RANKING ADVANCEMENT PLAN

Instructions: The Professional Development Plan form will be completed to address all items rated "Needs Improvement" in the Self/Supervisor Evaluation. The completed form is submitted to Human Resources for attachment to the referenced Self/Supervisor Evaluation. Detailed instructions for completing this form will be found in the "Instructions for Completion of the Three Year Faculty Evaluation Cycle and Its Attendant Forms" booklet.

Faculty member's
Name _____

Evaluator's Name _____

Referenced
Evaluation Date _____

Performance Goal	Activity to Accomplish Goals	Assistance Needed / from Whom	Evidence of Completion	Target Completion Date	Completed Yes / No

Faculty member's Signature

Date

V.P. for Student
Learning Signature

Date

Supervisor's Signature

Date

Professional Development Officer's Signature

Date