

PROFESSIONAL DEVELOPMENT PLAN A

Faculty Member: _____

Evaluator: _____

Date: _____

Evaluation Period: _____

Professional Goals and Objectives (Please reference performance standards):

Planned Activities, Tentative Timeline and Resources Necessary for Achievement of Goals:

Anticipated outcomes:

Post-Review Date: _____

SIGNATURE OF FULL-TIME FACULTY MEMBER: _____ **DATE:** _____

SIGNATURE OF EVALUATOR: _____ **DATE:** _____