

This internal NVCC Form may be used in conjunction with the System Professional Development Plan form.

PROFESSIONAL DEVELOPMENT PLAN

Faculty Member:

Evaluator:

Goals and Objectives:

Evaluation Period:

Goals and Objectives	Planned Activities	Tentative Timeline	Resources/ Materials	Outcomes

SIGNATURE OF FULL-TIME FACULTY MEMBER: _____

DATE: _____

SIGNATURE OF EVALUATOR: _____

DATE: _____