

GADSDEN STATE COMMUNITY COLLEGE

Professional Development Plan (Administrative, Faculty and Professional Staff)

Academic Year 20____ - 20____

Name _____

Department/Division _____

Degree/Certificate Level _____

Discipline/Field of Study _____

This form is to be completed by the supervisor in consultation with the administrative / professional staff member during the post-evaluation interview. The form should be signed by the employee and supervisor.

- I. List below the professional development needs and/or areas for improvement identified in the personnel evaluation process.

1. _____

2. _____

3. _____

4. _____

II. Identify below the professional development activities designed to address each of the needs stated above.

1. _____

2. _____

3. _____

4. _____

III. State below the resources, work experience, needs, or other pertinent elements required to enhance this professional development plan.

Employee Signature

Date

Supervisor's Signature

Date