

FACULTY PROFESSIONAL DEVELOPMENT GOALS

Shaded areas are to be completed by faculty prior to meeting with their Instructional Administrator. The remaining sections will be completed in collaboration with the Instructional Administrator, if appropriate. Faculty should provide a copy of their review process student data cover sheets to their Instructional Administrator prior to the meeting.

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|--|---|--|
| Faculty Name: | Evaluation for the Period (Semester/Year): | |
| Department: | Year: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer | |
| Instructional Administrator: | Meeting Date With Administrator: | |
| A. STRENGTHS AND ACCOMPLISHMENTS | | |
| | | |
| B. OPPORTUNITIES FOR GROWTH | | |
| | | |
| C. ACTION PLAN (MINIMUM OF 3 ACTION STATEMENTS, INCLUDING TARGET DATE FOR COMPLETION) | | |
| Action Statements | Target Date | |
| | | |
| | | |
| | | |

| FACULTY AND ADMINISTRATOR MEETING/DISCUSSION | |
|--|--|
| <i>Revised Action Statements or Check if There Are No Changes to Those Listed Above</i> <input type="checkbox"/> | Revised Target Date, if appropriate |
| | |
| | |
| | |
| ADMINISTRATOR COMMENTS: | |
| | |
| FACULTY SIGNATURE: | ADMINISTRATOR SIGNATURE: |
| Name: | Name: |
| Date: | Date: |

When this form is completed, please send a copy to the Faculty Evaluation System Coordinator.

2/17/14

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