



## FACULTY PROFESSIONAL DEVELOPMENT PLAN FORM

**Faculty Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**This Development Plan covers the** \_\_\_\_\_ **yr. Period from** \_\_\_\_\_ **to** \_\_\_\_\_

### PROCEDURES:

1. All unlimited faculty will develop a three-year Faculty Professional Development Plan with input from his/her dean and submit the plan by May 1 to be effective the beginning of the following academic year.
2. If, after meaningful discussion, the faculty member and the supervising dean do not reach agreement regarding the content of the plan, the faculty member's supervising dean will provide written rationale to the faculty member. Following that feedback, both parties will meet to finalize the plan.
3. Professional Development Plan progress will be reviewed annually by the faculty member's supervising dean through a meeting with the faculty member. Progress status or plan completion will be documented on the Development Plan Form. The review process will be completed by May 1.
4. Completion of the Professional Development Plan will require signatures by both parties. A copy of the completed development plan will be maintained on file in the Human Resources Department.

**During the Development Plan period noted above, I plan to complete the following professional development activities (check all that apply):**

#### 1. \_\_\_\_\_ Advancement of Academic Credentials

**Level to be obtained:** \_\_\_\_\_ 2 yr (AA, AS, AAS Degree)  
\_\_\_\_\_ 4 yr (Baccalaureate Degree)  
\_\_\_\_\_ Master's Degree  
\_\_\_\_\_ Terminal Degree

**Major Field of Study:** \_\_\_\_\_

**College/University:** \_\_\_\_\_

**Anticipated Degree Completion Date:** \_\_\_\_\_

#### 2. \_\_\_\_\_ Related Work Experience (Examples: business/industry internship experience, summer employment, observation/special project(s) with employers, etc.)

**Please describe the objectives and expected learning outcomes:**

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**Timelines: Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Employer Name/Address:**

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**3. \_\_\_\_\_ Development in teaching methods and instructional strategies (Examples: Classroom Management, Curriculum Development, Learning Styles, On-line Delivery, etc.)**

**Please describe the objectives and expected learning outcomes:**

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**Timelines: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_**

**Location of Training, if applicable:**

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**4. \_\_\_\_\_ Content Knowledge/Special Skills Development in Discipline or Program (Examples: Learning new technology or methodologies; Computer/Software Training, Writing Skills Workshop, Communication/Interpersonal Relations Skills Training, etc.)**

**Please describe the objectives and expected learning outcomes:**

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**Timelines: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_**

**Location of Training:**

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**5. \_\_\_\_\_ Service to the College and the greater Community (Examples: Active Participation in Rotary, Chamber of Commerce Groups, Leadership in Professional Organizations, Leadership of College Committees, Working with Youth in Academic/Skills Development, etc.)**

**Please describe the objectives and expected learning outcomes:**

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**Timelines: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_**

**Name of Community/College Committee/Civic Organization(s) served:**

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**6. Other Activities**

**Please describe the activity, objectives and expected learning outcomes:**

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**Timelines: Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Location of Activity:**

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**Signature of Faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Professional Development Plan approved by Academic Dean:** \_\_\_\_\_

**Date of annual Plan progress review with faculty:** \_\_\_\_\_

**Comments re: Plan Progress**

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**Date Professional Development Plan completed:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Academic Dean Signature:** \_\_\_\_\_

**VP of Academic and Student Affairs Signature:** \_\_\_\_\_

**cc: Faculty**  
**Academic Affairs Department**  
**HR Department – upon full completion of Plan**

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Date of Initial Review by President’s Cabinet: Initial FSGC Review (if applicable): 5/9/13

AASC Review (if applicable): 4/23/13

Date of Final Approval / Policy Adoption: 6/13/13

Date & Subject of Revisions: