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:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   Timelines: Start Date: __________________  End Date: _____________________________
Employer Name/Address:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Timelines: Start Date: _______________ End Date: _____________________________

Location of Training, if applicable:
________________________________________________________________________________________
________________________________________________________________________________________

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:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Timelines: Start Date: _______________ End Date: _____________________________

Location of Training:
________________________________________________________________________________________
________________________________________________________________________________________

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:
________________________________________________________________________________________
________________________________________________________________________________________

Timelines: Start Date: _______________ End Date: _____________________________

Name of Community/College Committee/Civic Organization(s) served:
________________________________________________________________________________________
________________________________________________________________________________________
6. ______Other Activities

Please describe the activity, objectives and expected learning outcomes:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Timelines: Start Date: ______________ End Date: ______________

Location of Activity:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Faculty: __________________________ Date: ______________

Date Professional Development Plan approved by Academic Dean: ______________

Date of annual Plan progress review with faculty: ______________

Comments re: Plan Progress
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

Date of Initial Review by President’s Cabinet: 5/9/13
AASC Review (if applicable): 4/23/13
Date of Final Approval / Policy Adoption: 6/13/13
Date & Subject of Revisions: