



Professional Development Plan

Staff Name: _____ Supervisor: _____ Date: _____

Knowledge/Skill/Ability: _____

Target Area: _____

Strengths: _____

Challenges/Concerns: _____

Present level of proficiency 1 2 3 4	Level of proficiency to be achieved with this plan 1 2 3 4	Target date to complete the plan:
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What is the issue to be addressed?	Goal What is to be accomplished? (measurable/behavioral)	Activities necessary to achieve the goal What will be done?	Metrics How will progress be measured?	Target completion date:
Knowledge:				
Skill:				
Application:				



Professional Development Plan

Additional comments: _____

Supervisor signature: _____ Peer Professional: _____

Date for "re-observation" to assess performance: _____

Results:

