

**FACULTY PROFESSIONAL DEVELOPMENT PLAN**  
**Appendix A Policy 227**

<b>Faculty Name:</b> _____	<b>Program:</b> _____
<b>This Development Plan covers the period from</b> _____ <b>to</b> _____	

**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)  
\_\_\_\_\_ Masters Degree  
\_\_\_\_\_ PhD  
\_\_\_\_\_ Graduate level coursework for additional credential

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

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

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

**2. \_\_\_\_\_ Occupational/Job Skills Development (Examples: Learning new technology or new methodologies, business/industry internship experience, summer employment, observation/special project(s), etc.**

**Please describe the activity and the learning outcomes intended:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Employer Name/Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please describe the activity and the learning outcomes intended; specifically how will this development enhance your teaching/program:**

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

**Location of Training:**

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**4. \_\_\_\_\_ Special Skills Development (Examples: Keyboarding, Computer/Software Training, Diversity Awareness Training, Writing Skills Workshop, Communication/Interpersonal Relations Skills Training, etc.)**

**Please describe the activity and the learning outcomes intended:**

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

**Location of Training:**

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

**Please describe the activity and the learning outcomes intended:**

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

Faculty Name \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. \_\_\_\_\_ Other Activities**

**Please describe the activity and the intended learning outcomes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Location of Activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<p><b>Date Professional Development Plan approved by Chief Academic Officer:</b> _____</p> <p><b>Date Professional Development Plan progress reviewed with faculty:</b> _____</p> <p><b>Comments re: Plan Progress</b></p> <p>_____ _____ _____</p> <p><b>Date Professional Development Plan completed:</b> _____</p> <p><b>Faculty Signature:</b> _____ <b>Chief Academic Officer Signature:</b> _____</p>
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**cc: Faculty**  
**Academic Affairs Department**  
**HR Department – upon full completion of Plan**