

**Central Consolidated School District
PROFESSIONAL DEVELOPMENT PLAN (PDP)**

School Year _____

Due October 11, 2024

PART 1: EMPLOYEE & EVALUATOR(S) INFORMATION [to be completed by the primary evaluator]

Name: _____ Position: _____

Primary Evaluator: _____ School / Location: _____

This employee works in multiple locations and has more than one evaluator. Secondary evaluator information is listed below.

Secondary Evaluator: _____ School / Location: _____

PART 2: DEPARTMENT GOAL FOR THE CURRENT SCHOOL YEAR: [to be completed by the evaluator(s)]

PART 3: EMPLOYEE GOAL(S) FOR THE CURRENT SCHOOL YEAR [to be completed by the employee in collaboration with evaluator(s)]

A SMART goal answers the questions of **WHO?** will do **WHAT?** by **WHEN?** and **HOW?** will I know it is completed?

PART 4: ACKNOWLEDGEMENT & AGREEMENT [to be read and signed by evaluator(s) & employee]

- My supervisor(s)/evaluator(s) have reviewed the department goal(s) with me.
- My personal professional development goals are aligned with the department goals and objectives.
- My immediate supervisor(s)/evaluator(s) and I understand and agree with the stated goals outlined above.

Signature of Employee _____
Date

Signature of Primary Evaluator _____
Date

Signature of Secondary Evaluator (if applicable) _____
Date

Due October 11, 2024

(Employees hired after this date must have the PDP in place within the first two weeks of the hire date).