

CENTRAL CONSOLIDATED SCHOOL DISTRICT
Reflection on Annual Professional Development Plan (PDP)
SY: 2021/2022

Name of Employee: _____ **Date:** _____

Job Title : _____ **Location:** _____

Name of Evaluator(s)/Supervisor(s): _____

Employee Reflection: Provide written comment(s) on your PDP. What worked this year? What other supports do I need? How can I make things better next year for my department? How can my supervisor help me do my job better?

Supervisor Feedback: Provide meaningful feedback to the employee. Note the exceptional/outstanding work performed; as well as, the areas of improvement and suggested ways you can help the employee improve job performance.

☐ Yes ☐ No The Professional Development Plan has been completed for the year.

Employee

Primary Evaluator

Secondary Evaluator