

CENTRAL CONSOLIDATED SCHOOL DISTRICT
Reflection - Professional Development Plan (PDP)

SY: _____

Due January 24, 2025

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

Job Title : _____ **Location:** _____

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

Employee Reflection: Provide written comment(s) on the 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