

Central Consolidated School District
PROFESSIONAL DEVELOPMENT PLAN (PDP)

School Year _____

Due October 10, 2025

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 10, 2025

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