

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

School Year \_\_\_\_\_  
Due October 13, 2023

**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 13, 2023**

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