



CENTRAL ALABAMA COMMUNITY COLLEGE
PROFESSIONAL DEVELOPMENT PLAN
(Faculty)

Form to be completed by full time faculty and submitted to Division Chair at time of annual evaluation.

Employee Name (print): _____

Position Held: _____

Current Education Level: _____ Discipline/Field of Study: _____

Current Certifications/Licensing: _____

1. Do you have any questions about your job duties and responsibilities as outlined in your position description?

2. List what you consider to be your greatest strengths and/or accomplishments this year.

3. What changes would you like to see made to your job that would improve your performance and be beneficial to the college?

4. What are your job or career goals for the upcoming year?

5. Have you participated in any in-service/training to include but not limited to workshops, seminars, conferences (including local state professional development) within the last year? If so, list below and describe the benefit/contribution each training has provided to you as a faculty member and in the classroom.

6. What accomplishments would you like to see your department or the College as a whole achieve in the next three to five years?

7. What training and/or professional development activities have you participated in during the last year? Were they helpful and relevant to your job?

8. What Professional Development Activity do you wish to attend next year? *If this activity includes College funding, you must include this for budget consideration.*

9. In what area would you like to gain more experience, training and education? How can CACC help you achieve this?

10. What outside/community/civic activities have you participated in during the past year and which do you plan on participating in during the next academic year?

Additional comments:

SIGNATURES:

Employee

Date

Reviewed by:

Division Chair

Date

Approved by:

Dean of Instruction

Date