



CENTRAL ALABAMA COMMUNITY COLLEGE

PROFESSIONAL DEVELOPMENT PLAN

(Administrative / Professional Personnel – B and C Personnel)

Form to be completed by employee and submitted to supervisor 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. Describe how you advanced the College mission through community involvement. What activities did you engage in or attend, meetings, memberships, etc. What volunteer work do you do?

3. Describe your professional development plan and strategies for continuing your professional growth and improvement. This should be what you are going to do to improve as a professional (attend workshop on particular subject, take a class, etc). Remember this is what YOU are going to do to improve as a professional.

4. Describe your three most significant functional area accomplishments in the academic year. What three things did YOU do to improve your area? You may list more but please list at least three. Please think about the areas that were addressed in your last evaluation. Have you improved or met those goals?

5. Describe your three functional areas issues of greatest concern you plan to address in the academic year. What three areas of concern do you have and what are YOU going to do to improve them? You may list more but please list at least three.

6. Describe three ways you have shown initiative in your role at the College. In what ways have you been resourceful? Do you sponsor a club or organization? What do you do to support the students/college outside of what is required of you?

7. Describe your effectiveness in personnel supervision, leadership, talent development, and succession planning. (Department Supervisors)

8. Describe your performance in functional area leadership in developing, implementing and achieving excellence in institutional planning. (Department Supervisors)

Additional comments:

SIGNATURES:

Employee

Date

Approved by:

Supervisor/Dean/Vice President

Date