



SOUTHERN UNIVERSITY AT NEW ORLEANS Goal Setting and Professional Development Plan

Evaluation Period: _____

Employee Name: _____

Department: _____

Title: _____ Date of Hire: _____

I. Goal Setting

1. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

2. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

3. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

4. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

5. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

6. Goal: _____

Steps to achieve: _____

Due Date: _____ Completion Date: _____

Signature below indicate that the meeting was held with employee.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____