



## SOUTHERN UNIVERSITY AT NEW ORLEANS Professional Development Plan

Evaluation Period: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### I. Professional Development Plan

1. Skill or Competency: \_\_\_\_\_

Activities: \_\_\_\_\_

Resources Needed: \_\_\_\_\_

Outcome Expected: \_\_\_\_\_

Due Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

2. Skill or Competency: \_\_\_\_\_

Activities: \_\_\_\_\_

Resources Needed: \_\_\_\_\_

Outcome Expected: \_\_\_\_\_

Due Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

3. Skill or Competency: \_\_\_\_\_

Activities: \_\_\_\_\_

Resources Needed: \_\_\_\_\_

Outcome Expected: \_\_\_\_\_

Due Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

4. Skill or Competency: \_\_\_\_\_

Activities: \_\_\_\_\_

Resources Needed: \_\_\_\_\_

Outcome Expected: \_\_\_\_\_

Due Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Signature below indicate that the meeting was held with employee.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_