**FACULTY/PROGRAM DIRECTOR PROFESSIONAL DEVELOPMENT PLAN**

*(Completed forms must be signed by both parties in order to be considered valid. Electronic/typed signature is acceptable.)*

 *(Program Title)*

 *(College/University Name)*

Name: Title:

Number of Hours worked *(FTE equivalent)*: Number of Credits Taught *(per academic year)*:

Supervisor's Signature:

 *(Signature required)* Date

Faculty/PD's Signature:

 *(Signature required)* Date

Date Developed: Date Revised:

| Connection to Program’s Strategic Plan | Goals | Action Steps To Achieve Goal | Timeline | Outcomes | Revised Goal |
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