

**CUYAHOGA COMMUNITY COLLEGE  
FACULTY PROFESSIONAL DEVELOPMENT PLAN (PDP)  
20      to 20**

Faculty Member \_\_\_\_\_ Division/Subject Area \_\_\_\_\_ Campus \_\_\_\_\_

Check appropriate professional development for each objective

Reading      Research/Writing      Conference      Seminar      Other \_\_\_\_\_

Objective:

Timeline: \_\_\_\_\_  
Completion: \_\_\_\_\_  
Supervisor

Reading      Research/Writing      Conference      Seminar      Other \_\_\_\_\_

Objective:

Timeline: \_\_\_\_\_  
Completion: \_\_\_\_\_  
Supervisor

Reading      Research/Writing      Conference      Seminar      Other \_\_\_\_\_

Objective:

Timeline: \_\_\_\_\_  
Completion: \_\_\_\_\_  
Supervisor

Reading      Research/Writing      Conference      Seminar      Other \_\_\_\_\_

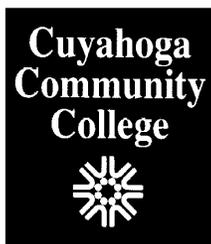
Objective:

Timeline: \_\_\_\_\_  
Completion: \_\_\_\_\_  
Supervisor

We hereby agree on the above Faculty Development Plan

\_\_\_\_\_  
Faculty Member Signature      Date      \_\_\_\_\_  
Supervisor Signature      Date

Faculty Member, Supervisor, Office of Faculty Development



PROFESSIONAL DEVELOPMENT PLAN

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

**FACULTY MEMBER:** \_\_\_\_\_

**SUBJECT AREA:** \_\_\_\_\_

Develop a professional plan mutually agreed to by both the faculty member and the supervisor which may include reading, professional literature, attending conferences, seminars, conventions, etc. This plan will be formally discussed and agreed upon by both parties for the next evaluation period. The plan may be expressed as narrative or list activities you intend to pursue.

Please indicate ways in which the Faculty Development Office may assist you with your plan.

\_\_\_\_\_  
FACULTY MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE