# *Individualized PD Plan*

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| NAME:  PERIOD COVERED:DATE:   |
| **AREA OF DEVELOPMENT:**(personal, leadership, current job, future job, technology, content expertise, etc). | **GOAL** | **LEARNING ACTIVITY & RESOURCES:****What will you do to achieve this goal?****What will you need to assist you?** | **EXPECTED TIMEFRAME:****When will you begin? How much time will you invest? When do you expect to have completed this learning?** | **EVALUATION:****How will you demonstrate that you have met this outcome?** | **EST. COST:****Indicate approximate cost if any.** |
| 1. | . | . | . | . |  |
| 2. | . | . | . | . |  |
| 3. | . | . | . | . |  |
| 4. | . | . | . | . |  |
| 5. | . | . | . | . |  |

 **Relationship of P.D. to program/service/college strategic plan:**