# *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:**