

Professional Development Plan

Staff name: _____ Supervisor: _____ Date: _____

Foundation/Practice Dimension: _____ Element: _____

Competency to be addressed and page number from TAP 21: _____

Strengths: _____

Challenges/Concerns: _____

Present level of proficiency from rating forms 1 2 3 4	Level of proficiency to be achieved with this learning plan 1 2 3 4	Target date to complete the plan:
--	---	-----------------------------------

What is the issue to be addressed?	Goal What is to be accomplished? (measurable/behavioral)	Activities necessary to achieve the goal What will be done?	Metrics How will progress be measured?	Target Completion Date
Knowledge:				
Skill:				
Attitude:				

Additional comments: _____

Supervisor signature: _____ Counselor: _____

Date for "re-observation" to assess performance: _____

Results:

