

Classified Personnel Professional Growth Plan

Name: _____ Employee ID # _____

Location: _____ Position: _____

Professional Growth Goal/Objectives
State the Specific area(s) you want to improve or strengthen

Designated Activities
Describe the plan of action to complete these goal(s)/objective(s), including, what, when and how

Assessment Methods
State the means for determining the completion of these goal(s)/objectives

Goals Partially Attained _____ Goals Met _____ Goals Exceeded Expectations _____

Employee Signature

Date

Principal/Director Signature

Date