**NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT PLAN**

Faculty Member:

Evaluator/Title:

Date:

Evaluation Period:

1. Professional Goals and Objectives (Please reference performance standards):

1. Planned Activities, Tentative Timeline and Resources Necessary for Achievement of Goals:

1. Anticipated Outcomes:

Post-Review Date:

Signature, Faculty Member Date

Signature, Evaluator Date