

SISSETON WAHPETON COLLEGE

Individual Professional Development Plan

This individual development plan must be completed with and approved by your immediate supervisor. The supervisor must review the plan periodically to ensure that the professional development goals are being met.

Name	Date
Address	
City	State
Zip Code	
Position:	Supervisor
Professional Growth Goals:	
My goals are consistent with the following College goals:	

Record of Approved Professional Development Activities

Professional Development Activity	Professional Growth Goal (Goal #)	Mandatory or Voluntary	Date Approved & Supervisor's Initials *	Date Completed

SISSETON WAHPETON COLLEGE

Individual Professional Development Plan

* The supervisor's initials indicate that the professional development activity is consistent with the educational needs of the college and will enhance the employee's ability to perform their duties and responsibilities.

Initial Review and Approval	Date _____
The signature below indicates that the individual professional development plan was reviewed.	
<i>Please check one.</i>	
<input type="checkbox"/>	
<input type="checkbox"/> The plan remains consistent with the College's goals.	
<input type="checkbox"/> The plan was reviewed and amended.	
Goal _____ was successfully completed.	
Supervisor's Signature	Date

Initial Review and Approval	Date _____
The signature below indicates that the individual professional development plan was reviewed.	
<i>Please check one.</i>	
<input type="checkbox"/>	
<input type="checkbox"/> The plan remains consistent with the College's goals.	
<input type="checkbox"/> The plan was reviewed and amended.	
Goal _____ was successfully completed.	
Supervisor's Signature	Date

Supervisor's Signature

Date

An education benefits form must be completed and approved by the President for any of the above professional development activities that have been approved by the employee's supervisor.