



SOUTHERN UNIVERSITY BATON ROUGE Professional Development Plan

Evaluation Period: _____

Employee Name: _____

Department: _____

Title: _____ Date of Hire: _____

I. Professional Development Plan

1. Skill or Competency: _____

Activities: _____

Resources Needed: _____

Outcome Expected: _____

Due Date: _____ Completion Date: _____

2. Skill or Competency: _____

Activities: _____

Resources Needed: _____

Outcome Expected: _____

Due Date: _____ Completion Date: _____

3. Skill or Competency: _____

Activities: _____

Resources Needed: _____

Outcome Expected: _____

Due Date: _____ Completion Date: _____

4. Skill or Competency: _____

Activities: _____

Resources Needed: _____

Outcome Expected: _____

Due Date: _____ Completion Date: _____

Signature below indicate that the meeting was held with employee.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____