

# INDIVIDUAL PROFESSIONAL DEVELOPMENT/TRAINING PLAN

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

*Goal: Promote continuous, needs-based, learning and professional development opportunities for all district personnel*

ACTIVITY/COURSEWORK/TRAININGS/ ETC.	DATE COMPLETED	PG	LD	CS	T	M	O

Key: PG – Professional Growth; LD: Leadership Development; CS: Customer Service;  
T: Technology; M: Mandated training; O: Other

*This form should be completed in consultation with your supervisor. This district will review forms submitted to Human Resources to provide relevant trainings and workshops during the fiscal year. There is no guarantee that funds will be made available to conduct identified trainings. Forms should be reviewed by your supervisor and submitted to Human Resources no later than June 30 each year.*

*You may also use this form as part of the annual performance evaluation process.*