

CONFIDENTIAL
PROFESSIONAL DEVELOPMENT PLAN

ANNUAL EVALUATION PROGRAM ☐ **GLEI** ☐ **GTOI** ☐ **GTDRI** ☐ **OTHER**

EVALUATEE: _____

SCHOOL: _____ SYSTEM, RESA OR PSYCHOEDUCATIONAL CENTER: _____

CHECK ONE OF THE FOLLOWING:

- ☐ OPTIONAL PLAN FOR ENHANCEMENT
☐ OPTIONAL PLAN FOR NEEDS DEVELOPMENT
☐ REQUIRED PLAN FOR SPECIFIC NEEDS DEVELOPMENT

SPECIFIC OBJECTIVES FOR IMPROVEMENT:

ACTIVITIES AND TIME LINE:

CRITERIA FOR MEASUREMENT OF PROGRESS:

RECORD OF PARTICIPATION:

RECORD OF PERFORMANCE ON SPECIFIED CRITERIA:

Evaluatee Signature

Date

Evaluator Signature

Date

Evaluatee's Comments:

The evaluatee's signature acknowledges receipt of form, not necessarily concurrence. The evaluatee may provide written comments. Initial and Date here if comments are attached.
