

Hancock Place School District
Professional Development Plan
Contracted Staff

Employee _____ Job Category _____
Evaluator _____ Date _____

Goal:
Specific Objective:
Missouri Teacher Standards/Criteria Addressed:
Activities (Who, What, How, When):
Evidence of Completion:

Employee Signature _____ Evaluator Signature _____
Projected Review Date _____

This form is filed with the employee's professional development file by the Professional Development Committee.