

# Chattahoochee Valley Community College

## Faculty Professional Development Plan

Name: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Teaching Area/Discipline: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Institution Awarding Degree: \_\_\_\_\_

1. Please complete the following from your current credential certificate analysis:

Total Points Earned In:

Education \_\_\_\_\_

Work Experience \_\_\_\_\_

In-Service \_\_\_\_\_

Competency \_\_\_\_\_

2. Please check the credential standard that applies to you:

\_\_\_\_\_ 1977-78 Credential Standard

\_\_\_\_\_ 1989 Credential Standard

3. Please indicate how you intend to advance in professional ranks through one or more of the following:

Education: \_\_\_\_\_

In-Service: \_\_\_\_\_

Competency: \_\_\_\_\_

4. If you intend to advance in professional rank through education, please list the specific degrees and courses you intend to pursue. Attach approved and signed college plan of study.

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Technical Specialty if Applicable: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chattahoochee Valley Community College  
Faculty Professional Development Plan**

Name: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Position Title: \_\_\_\_\_

Current Educational Level: \_\_\_\_\_

Discipline/Field of Study: \_\_\_\_\_

Current Certification/Licensing: \_\_\_\_\_

**Activities for Professional Development Include:**

1. Goals for higher educational level/certification/licensing/endorsements/courses

List: \_\_\_\_\_  
\_\_\_\_\_

2. Workshops/seminars/conferences

List: \_\_\_\_\_  
\_\_\_\_\_

3. In-service or other training (including local and state professional development)

List: \_\_\_\_\_  
\_\_\_\_\_

4. Service on College committees/additional college responsibilities

List: \_\_\_\_\_  
\_\_\_\_\_

5. What are your goals for instructional improvement as a result of participating in the referenced professional development activities?

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_