



## Faculty Professional Development Plan Unlimited Full-time and Unlimited Part-time Faculty

This professional development plan is to identify activities and/or strategies I will use in maintaining currency in my credential field and in teaching and learning skills. This plan may include activities that go beyond maintaining currency. This plan is being submitted in accordance with the timelines and criteria specified in the college professional development policy.

Faculty member name \_\_\_\_\_ Credential Field\* \_\_\_\_\_  
\*Use separate form for each credential field

My plan covers the \_\_\_\_\_ academic year(s). Period from \_\_\_\_\_ to \_\_\_\_\_

My plan addresses specific objectives and expected outcomes with respect to the following components:

*(Check all that apply. Not every outcome needs to be checked.)*

- A. Content knowledge and skill in the discipline/program.**  
*Example: Learning new technology or methodologies; computer software training, writing skills workshop, communication/interpersonal relations skills training, attain professional certifications/licenses.*
- B. Teaching methods and instructional strategies.**  
*Example: Classroom management, curriculum development, learning styles, on-line delivery, cultural and diversity enrichment.*
- C. Related work experience.**  
*Example: Business/industry internships, relevant summer employment, observation or special project(s) with employers.*
- D. Study appropriate to the higher education environment.**  
*Example: Advancement of academic credentials, researching, publishing, grant writing.*
- E. Service to the College and the greater community.**  
*Examples: Active participation in Rotary, Chamber of Commerce groups, leadership in professional organizations, leadership in college committees, working with youth in academic skills development.*
- F. Other components, as appropriate:** \_\_\_\_\_

Describe the objectives and expected outcomes of each component checked above: (add additional pages as necessary)

**A. Content knowledge and skill in the discipline/program.**

Anticipated completion timeline: \_\_\_\_\_

**B. Teaching methods and instructional strategies.**

Anticipated completion timeline: \_\_\_\_\_

**C. Related work experience.**

Anticipated completion timeline: \_\_\_\_\_

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**D. Study appropriate to the higher education environment.**

Anticipated completion timeline: \_\_\_\_\_

**E. Service to the College and the greater community.**

Anticipated completion timeline: \_\_\_\_\_

**F. Other components, as appropriate:**

Anticipated completion timeline: \_\_\_\_\_

Faculty Member's signature _____	Date _____
Consultation with Supervising Administrator on _____	

Supervising Administrator's signature _____	Date _____
<p>Check one in reference to the above professional development plan:</p> <p><input type="checkbox"/> This plan does include the suggestions discussed during consultation.</p> <p><input type="checkbox"/> This plan does not include the suggestions discussed during consultation.</p>	
<p>Comments and/or additional consultation meetings:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

<b>(For column movement I to II and III for faculty members of ALL appointment types)</b>	
The above professional development plan is submitted to meet the criteria for column movement in accordance with the five-year requirements (a.k.a. five-yr. license renewal) as described in the March 22, 2006, Memorandum of Agreement between MnSCU and MSCF.	
Faculty Member's signature _____	Date _____
The above professional development plan is approved for purposes of column movement:	
Supervising Administrator's signature _____	Date _____