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| New District Logo | **CLASSIFIED EMPLOYEE****PROFESSIONAL DEVELOPMENT PLAN** |

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| **Employee Number** | **Last Name, First Name, MI** |
|       |       |
| **Job Title** | **Position Number** | **School/Department** |
|       |       |       |
| **Evaluator/Supervisor Name** | **Evaluator/Supervisor Job Title** |
|       |       |

**Area(s) to be strengthened must correspond with the Classified Employee Performance Evaluation**

* *A rating of “Partially Meets Standards” on an annual performance evaluation may require a Professional Development Plan to be completed, with a follow-up date by which deficiencies in performance must be corrected.*
* *A rating of “Unsatisfactory” on an annual performance evaluation shall require a Professional Development Plan to be completed, with a follow-up date by which deficiencies in performance must be corrected.*

***PER ARTICLE XI – SECTION 10 – UNACCEPTABLE PERFORMANCE***

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| **Area(s) to be Strengthened** | **Action Plan** |
| 1. **Job Skills and Knowledge**: Demonstrates proficiency of the essential functions as outlined in the job description, utilizes appropriate tools in carrying out assigned duties and responsibilities, incorporates feedback and training regularly to enhance job performance.
 |       |
| 1. **Quality/Quantity of Work**: Performs all required duties consistently, efficiently and in a timely manner; seeks methods to improve productivity and pays attention to detail; shows initiative and employs necessary and job-appropriate tools to carry out assigned tasks.
 |       |
| 1. **Communication**: Engages and actively listens to all stakeholders; retains, relays, and effectively presents clear information in written, verbal and non-verbal form; communicates professionally when using various types of District communication tools.
 |       |
| 1. **Problem Solving**: Demonstrates an ability to identify problems and develop solutions in a timely and efficient manner, assists in the identification and implementation of solutions to job-related issues, utilizes various strategies to resolve identified problems.
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**Area(s) to be strengthened must correspond with the Classified Employee Performance Evaluation**

* *A rating of “Partially Meets Standards” on an annual performance evaluation may require a Professional Development Plan to be completed, with a follow-up date by which deficiencies in performance must be corrected.*
* *A rating of “Unsatisfactory” on an annual performance evaluation shall require a Professional Development Plan to be completed, with a follow-up date by which deficiencies in performance must be corrected.*

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| **Area(s) to be Strengthened** | **Action Plan** |
| 1. **Customer Service**: Listens and responds positively to customer needs, serves all stakeholders while building strong relationships, responds in a prompt and friendly manner to requests and inquiries.
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| 1. **Judgement**: Exercises sound, professional judgement in making decisions; performs job duties safely, promoting a safe and accident-free environment; responds calmly in stressful situations while following laws, policies and procedures.
 |       |
| 1. **Working Relationships**: Builds professional rapport with colleagues, supervisors, District staff and all other stakeholders; confers with others in a professional and productive manner; is receptive to feedback from others.
 |       |
| 1. **Professional Work Habits**: Maintains professional standards of dress and grooming, presents an image consistent with their job responsibilities and assignment, dresses and grooms in a manner that is conducive to the health and/or safety of themselves and/or others.
 |       |
| 1. **Attendance and Punctuality**: Arrives for and leaves the designated work location, as identified by his or her supervisor, at the assigned times; adheres to and completes assigned work on schedule; uses available and permissible leaves in a contractually appropriate manner.
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| **Date Professional Development****Plan Implemented** | **Date of Follow-up Meeting** ***(date by which deficiencies in performance must be corrected)*** |
|       |       |

*Employee signature acknowledges reading and discussing the Professional Development Plan.*

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| **Employee Signature** | **Date** |
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|  |  |
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| **Evaluator/Supervisor Signature** | **Date** |
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***Below to be completed at the six (6)-month follow-up meeting***

**Summary of Professional Development Plan Follow-Up**

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|       |

*Employee signature acknowledges reading and discussing the Professional Development Plan follow-up.*

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| **Employee Signature** | **Date** |
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|  |  |
| --- | --- |
| **Evaluator/Supervisor Signature** | **Date** |
|  |  |

*DISTRIBUTION: Original – HR– Classified (attach to Performance Evaluation) / Copies – Employee and Evaluator*