

Professional Growth Plan

Non-teaching

Employee Name: _____ Job Title: _____

Reviewing Supervisor: _____ Review Period: _____

Date: _____

PART 1 – Overview

EMPLOYEE:

Questions to consider:

- 1) Did you meet or exceed the established measurements for each component? If not, discuss the reasons why and identify what might have been done differently.
- 2) Were there any changes in components (job duties) or added responsibilities that had an impact on established responsibilities and expected results?

EMPLOYER:

Questions to consider:

- 1) Did employee meet or exceed established measurements for each component?
- 2) Were there any changes in components (job duties) or added responsibilities that had an impact on established responsibilities and expected results?

PART 2 - Competency Review:

Describe your performance as it relates to the specific performance areas or job duties listed in your evaluation.

Questions to consider:

- 1) How did you perform on these components in the past?
- 2) Are there any of these components which you performed exceptionally well?
- 3) Are there any on which you might have performed better, or would like to improve in the future?

PART 3 – Growth Plan

GOALS What do I want to achieve? (current position, possible future positions within Division)	
ACTION What will I do to achieve goals?	
POSSIBLE INDICATORS How will I know I've been successful?	
REQUIRED SUPPORT What help will I need? (e.g. bursaries, education leave, mentorship)	
TARGET DATES How long will I need?	

Recommendations:

Future professional Growth Plan Priorities:

Employee Signature

Supervisor Signature

Date

Date

Also see:

**AP 450 Supervision and Evaluation of Support Staff – Non-teaching
AP 450; Appendix A Non-Teaching Staff Evaluation**