

Professional Development Plan



Date _____

Staff name, credential: _____ Position: _____

Competency: _____

Overall Rating for this competency:

- 1: Comprehends task and function
- 2: Applies knowledge/ skills inconsistently
- 3: Consistent performance in routine use
- 4: Effective in most situations

A. Describe the counselor’s strengths/challenges for this rating:

B. Expected level of competency to be achieved with this learning plan:

C. List Knowledge, Skills, and Attitudes required to achieve the target competency:

Knowledge	Skills	Attitudes
1.	1.	1.
2.	2.	2.
3.	3.	3.

D. State the performance goal in specific behavioral terms:

E. What activities will the counselor complete to achieve the goal?

F. How will progress be evaluated and proficiency demonstrated?

Supervisor Signature: _____ Counselor Signature: _____



Professional Development Plan Update

Today's Date _____

Initial Plan Date _____

Staff name, credential: _____ Position: _____

Competency: _____

Overall Rating for this competency:

- 1: Comprehends task and function
- 2: Applies knowledge/ skills inconsistently
- 3: Consistent performance in routine use
- 4: Effective in most situations

A. Was improvement noted:

- Yes
- No

B. Does counselor now meet standards for this competency:

- Yes
- No

C. Is further followup required:

- Yes
- No

If "yes," describe:

Supervisor Signature: _____ Counselor Signature: _____