

Northland Community and Technical College

Faculty Professional Development Plan

Purpose

Each professional development goal is ultimately meant to benefit the students served. This is accomplished either directly, for example, through improvement of pedagogical methods or indirectly through program improvements or personal skill and knowledge development. The table below is meant to assist in setting short and long term professional development goals.

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.

Faculty Member Name: Click here to enter name.
Credential Field: Click here to enter field. <i>Use separate form for each credential field.</i>
Plan for Academic Year: 20XX – 20XX

Fall Semester Checklist	Spring Semester Checklist
<input type="checkbox"/> Consulted with Faculty Professional Development Coordinator	<input type="checkbox"/> Completed consultation with Supervisor
<input type="checkbox"/> First Year Faculty Only: Reviewed with Supervisor	<input type="checkbox"/> Attached supporting documentation as needed
<input type="checkbox"/> Submitted in D2L Brightspace “Dean’s Desk” Dropbox	<input type="checkbox"/> Self-assessed progress on basis of consultation with Supervisor

Component Areas

Per the MSCF Master Agreement, as outlined in Appendix E, Faculty Professional Development Plans should address specific objectives and expected outcomes in the following six component areas, labeled A-F here and in the table below.

- A. **Content knowledge and skill in the discipline/program.** Examples: Learning new technology or methodologies, computer software training, workshops, communication/interpersonal relation skills training, attain professional certifications/licenses.
- B. **Teaching methods and instructional strategies.** Examples: Participation in college sponsored professional development activities, classroom management, curriculum development, learning styles, online pedagogy and best practice models, cultural and diversity enrichment.
- C. **Related work experience.** Examples: Business/industry internships, relevant summer employment, observation or special projects with employers.
- D. **Study appropriate to the higher education environment.** Examples: Advancement of academic credentials, researching, publishing, grant writing.
- E. **Service to the college and to the greater community.** Examples: College committee service, support of student life activities, active participation in rotary, Chamber of Commerce groups, skills development.
- F. **Other Components, as appropriate.** Examples: development activities to meet program accreditation requirements, review of student evaluations/surveys to identify areas for growth, review of classroom visits to identify areas for growth.

Directions and Outline of Process

1. Fill out table below by identifying 3-6 goals and completing the corresponding items for each goal.
 - Include suggestions from your supervisor from the Spring term consultation in the development of your plan.
 - First year faculty should meet with their supervisor in the initial development process during the Fall semester.
2. You are strongly encouraged to consult with a Professional Development Coordinator on your goals, objectives, and outcomes.
 - Professional Development Coordinators may suggest activities and assist in developing well-aligned goals, objectives, and outcomes.
 - The Professional Development Coordinator may recommend further consultation with your supervisor.
3. Submit form in the Dean's Desk course shell within D2L Brightspace by the Fall semester deadline of the first Monday in November.
 - Go to the Student Tab in D2L Brightspace and open "Dean's Desk."
 - Submit in the Dropbox folder titled "Professional Development Plan."
4. Consult with supervisor on progress toward goals and further development of goals, objectives, and outcomes during Spring semester.
 - Schedule appointment with supervisor during April or May to consult on plan and progress.
 - Update plan following consultation with supervisor. Updates should be included in the plan submitted the next Fall semester.

Identify three to six goals for your professional development plan.	Identify Relevant Component Areas (A-F above). Check all that apply.	State one to five objectives for each goal. How will you reach the goal?	State one to five outcomes for each goal. What results do you expect?	Timeline for completion of goal	Consultation. This section is completed with supervisor at the end of the year. It includes notes and reflection on progress to date and moving forward.
Goal 1: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.
Goal 2: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.
Goal 3: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.

Identify three to six goals for your professional development plan.	Identify Relevant Component Areas (A-F above). Check all that apply.	State one to five objectives for each goal. How will you reach the goal?	State one to five outcomes for each goal. What results do you expect?	Timeline for completion of goal	Consultation. This section is completed with supervisor at the end of the year. It includes notes and reflection on progress to date and moving forward.
Goal 4: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.
Goal 5: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.
Goal 6: Click here to enter goal.	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text.	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Ongoing OR Click here to enter date.	Click here to enter text.

Typing your name below signifies you are completing this form using an electronic signature. To complete the electronic signature process check the box that indicates you are signing electronically. If you would like to opt out of electronic signature, please print the completed form, sign, scan, and submit the completed, signed, form in PDF format as directed.

Faculty Member's Signature: [Sign Name Here](#)

Date: [Click here to enter a date.](#)

By checking here I acknowledge I have signed electronically by typing my name.

Consultation with Supervisor on: [Click here to enter a date.](#)

Comments in addition to those in column six above. [Additional Comments.](#)

Supervising Administrator's Signature: [Sign Name Here](#)

Date: [Click here to enter a date.](#)

By checking here I acknowledge I have signed electronically by typing my name.

The above professional development plan (check one):

This plan does include the suggestions discussed during consultation.

This plan does not include the suggestions discussed during consultation.

Comments in addition to those in column six above and/or additional consultation meetings: [Click here to enter text.](#)

For Use of Former UTCE Faculty Members Only

(For column movement I to II and III for faculty members of all appointment types.)

The above professional development plan is submitted to meet the criteria for column movement in accordance with the five-year service requirement (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: [Sign Name Here](#)

Date: [Click here to enter a date.](#)

By checking here I acknowledge I have signed electronically by typing my name.

The above professional development plan is approved for purposes of column movement:

Supervising Administrator's Signature: [Sign Name Here](#)

Date: [Click here to enter a date.](#)

By checking here I acknowledge I have signed electronically by typing my name.