

Professional Education Development Plan

If applicable: Please complete and return this form with your Professional Growth Application to Employee & Organizational Learning at the District Office. All records are kept confidential and are filed with the Professional Growth Committee.

Date: Empl Group:

Name: Work Phone:

Employee ID#: Employment Date:

Job Title: College:

Complete Section A for conferences, seminars and /or activities:

A. Future goals:
(Please list career exploration areas for the next year. Please list conferences, seminars, and/or activities that may help you attain this goal/s.)



Complete Section B for all tuition reimbursement.

B. Degree/Course of Study:

Indicate the courses involved in obtaining degree. (use back or attachments) Please attach an official copy of your program of study with your name, the date and advisors signature.

Optional: Applicant's supervisor signature/Date: