LEBANON SPECIAL SCHOOL DISTRICT

INSTRUCTIONAL COACH PROFESSIONAL DEVELOPMENT PLAN

Name: _____ SS# _____
Last First MI

School/Dept/Division/Office/Unit _____ Position _____

AREA(S) TO BE STRENGTHENED (SHOULD ALIGN WITH CLASSIFIED EMPLOYEE PERFORMANCE REPORT)

ACTION PLAN (SHOULD BE DEVELOPED COLLABORATIVELY WITH SUPERVISOR)

PLAN	RESULT (To be completed at Review Meeting on _____(date)

A signature on this Professional Development Plan indicates that the employee has been a partner in developing the plan along with the Supervisor.

Employee Signature

Meeting Date

Signature of Supervisor

Implementation Date

Review Date

Original: Central Office
Copies: Supervisor, Employee