



This form should be filled out each year by faculty and submitted to their Dean for pre-approval of professional activities. Submitted again to Dean with implementation plan attached when activity is complete. Portions of this plan will be annually updated and the purpose(s) will be used to:
(1) satisfy professional-technical certification, (2) increment movement, and/or (3) evaluation.

FACULTY NAME:

DATE:

Growth Area (Self-assessment, peer/student observation, administrator evaluation)	Activities (Name of course, conference, workshop, seminar, project, certification, etc.)	Measurable Outcomes (Specific performance indicators at https://www.sbctc.edu/colleges-staff/programs-services/professional-technical/faculty-certification.aspx Skill Standards for Prof-Tech College Instructors.) Attach summary – see faculty bargaining agreement.	Completion Date	Purpose(s) See above (1-3)
Employee Signature:			Date:	Number of Completed Activities:
Supervisor Signature: (Pre-Approval)			Date:	
Supervisor Signature: (Annual Updated Plan)			Date:	