

**CHIMACUM SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT FUNDS EVALUATION**

Copy of this form turned in to building administrator during check-out process each year.

Employee Name	Date
Building/Supervisor	Assignment

Please fill out the following information regarding your reflection on your professional goals.
Attach an additional page if necessary or preferred.

Share your successes connected to your goal(s). Specifically, how did your professional development plan strengthen your instructional skills and improve student learning? How do you know you achieved your goal(s)?

What challenges/adjustments did you make, and/or what are your “lessons learned” from this experience?

Administrator Signature	Date Received
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