

Updated 1/8/2009

LESS THAN 12 MONTH CONTRACTS - DUE TO PERSONNEL OFFICE BY APRIL 24, 2009
12 MONTH CONTRACTS – DUE TO PERSONNEL OFFICE BY JULY 27, 2009

Bevill State Community College
Professional Development
Form-B, C1, C2, C3, E and H Personnel

FAYETTE _____ HAMILTON _____ JASPER _____ SUMITON _____ OTHER _____	NAME: _____ DEPT/DIVISION: _____ DEGREE LEVEL: _____ ACADEMIC YEAR: <u>2008-2009</u> _____
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I. PROFESSIONAL DEVELOPMENT ACTIVITIES.
 Professional Organizational Memberships, Workshops, Seminars and Conferences attended Courses taken, and other Professional Development Activities. Indicate all relevant activities and responsibilities pursued that have provided personal growth and professional development.

Date	Identify Activity	Description of Involvement

What Professional Development activities would you find beneficial during the coming year .

II. INSTITUTIONAL, SYSTEM, and COMMUNITY SERVICE
A. College/System Committees:
Indicate all involvement in BSCC and Alabama College System Committees and additional responsibilities

Committee	Description of Involvement

B. Student Activities:

Student Activities events attended and sponsored.

Date	Event	Sponsor

C. Additional Activities:

Teaching Continuing Education Classes/Instructor for Professional Development Workshops.

Date	Activities

D. Community Service:

Speaking to community organizations, judging events, serving on boards that relate to your area and otherwise supports BSCC when off campus while making a positive contribution to community.

Date	Event	Description of Involvement

III: GOAL(S)/ACTIVITIES FOR 2009-2010

Include goals for Higher Degree/Certification/License/Endorsements/Professional Development and activities

designed to improve your job performance. The completion of a higher degree/certification/license/endorsement does not guarantee approval for advancement or increased pay. All Professional Development Plans which include requests for advancement or increased pay must follow the procedures outlined in the Personnel Handbook and MUST BE APPROVED by the appropriate College-Wide Vice President.

Time Table	Goal (Describe)

SIGNED _____ **DATE** _____

REVIEWED _____ **DATE** _____
Supervisor

APPROVED _____ **DATE** _____
Campus Associate Dean (If applicable)

APPROVED _____ **DATE** _____
College-Wide Supervisor