

APPENDIX O-2

FACULTY DEVELOPMENT PLAN (FDP)

Name: _____ Department: _____

Date: _____ Expiration Date of Previous Plan: _____

Time period for which this plan applies and during which the activities must take place:

Note: FDP's are three-year plans

_____ to _____

I. Check the general area(s) to be pursued in the proposed FDP. (Consult Section 17.07.)

- ____ A. Teaching/Job Effectiveness – Includes relevant projects related to the faculty member’s job but going beyond the usual routine day-to-day duties. For example, the faculty member may conduct research or carry out other projects associated with course enhancement, improvement of teaching and learning, improvement of librarian or counseling services, and improvement of other processes or products that are directly related to teaching and learning or other job functions.

- ____ B. Professional Development/Scholarly Activity – Includes workshops at the college whether serving as a participant, a presenter, or a workshop coordinator; relevant seminars, workshops, forums, and conferences sponsored by professional societies or by appropriately qualified educational organizations; relevant coursework at the college or approved coursework offered by other educational institutions; relevant publications, professional presentations, and other relevant creative work; successful completion or maintenance of professional certifications required for the position held at the college; participation in college research activities, in-field research, or other relevant educational research; participation in course development, program development, or other significant curriculum projects; or other approved professional development activities.

- ____ C. Service – Includes service to the department, college, discipline, or community, such as relevant projects and committee work in the department; relevant projects or committee work at the broader college level; volunteer work related to the faculty member’s discipline such as with in-field professional organizations, uncompensated reviewing for professional journals, uncompensated reviewing of textbooks and other educational materials that are not part of the faculty member’s college duties, judging in-field fairs and events; and volunteer work in the community related to the faculty member’s discipline or to the broader mission of the college.

II. Activities to be completed for general area(s) indicated in Section I

- A. Relevant structured training (workshops, seminars, professional meetings, webcasts, coursework, etc.)

Title or Brief Description	Clock	Date	Location
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	Hours		(if not college)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Other relevant activities. Describe the activity, give the projected number of hours to be spent on the activity, estimate its benefit to the college, and state its relevance to the mission of the college.

Activity:

Activity:

Activity:

Note: The FDP Completion Report will require documentation of completion for all activities included in the FDP. Any undocumented activity will not be considered to have been completed.

Faculty Member Signature

Date

Signatures of Administrative Approval: If changes are needed before approval is granted, the administrator will so indicate in the space for comments. If the plan is not recommended at any level in the process and if the faculty member so requests, the plan may still be forwarded to the Vice President of Academic Affairs for ultimate determination.

NOTE: Administrative approval of the Faculty Development Plan does not guarantee funding of the proposed activities. Any academic degree pursued while employed at Pensacola State College will require advanced administrative approval to be considered for the educational achievement incentive.

Immediate Supervisor

Recommend Approval: _____
Comments:

Do not Recommend Approval: _____

Immediate Supervisor Signature

Date

Next Level Supervisor

Recommend Approval: _____
Comments:

Do not Recommend Approval: _____

Next Level Supervisor Signature

Date

Vice President of Academic Affairs

Approved: _____
Comments:

Not Approved: _____

Vice President,
Academic Affairs Signature

Date