

PROFESSIONAL AND SUPPORT STAFF PERSONAL DEVELOPMENT PLAN



Performance Year :

Name:

Job Title:

School/Directorate:

Manager:

This form should be used to inform your objectives and developmental goals aligned to institutional priorities.

OBJECTIVES	DELIVERY	DATE COMPLETED

DEVELOPMENT GOALS	ACHIEVEMENT	DATE COMPLETED

END OF YEAR SUMMARY	
<p data-bbox="271 951 383 975">Reviewee</p>	<p data-bbox="584 799 2040 855">A 150 word summary to include progress over the past 12 months including successes and challenges, any feedback received during the year, career aims including what you and your reviewer need to do to support the achievement of career aims etc. (150 words max)</p>
<p data-bbox="271 1310 383 1334">Reviewer</p>	<p data-bbox="584 1157 1995 1212">A 150 word feedback summary of reviewees progress of past 12 months including successes and challenges, any feedback received from others on reviewee during the year etc. (150 words max)</p>

AREAS OF FOCUS FOR NEXT YEAR

Reviewee

A 150 word summary to include the focus for the next 12 months based on Institutional Priorities.

Reviewer

A 150 word summary to include the focus for the next 12 months based on Institutional Priorities.