



Performance Development Review Report

Instructor: _____ Date of Meeting: _____

Department: _____ Manager: _____

Period of Review: From _____ To _____

Directions: In the boxes on the left, please check which of the following materials are included with this report. On the right, please indicate how many documents of each type are attached.

	Number Attached
<input type="checkbox"/> Student Opinion Summaries	_____
<input type="checkbox"/> Peer Review of Teaching	_____
<input type="checkbox"/> Review of Departmentally Assigned Tasks	_____
<input type="checkbox"/> Other Optional Documents (please list):	_____

Performance Development Activities

Directions: List professional development activities completed since your last review.

Activity	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Service Activities (optional)

Directions: Describe briefly any work-related committees you served on, activities undertaken, etc., within or outside BCIT since your last review.

Activity	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Significant Accomplishments (optional)

Directions: Describe briefly any work related items of achievement that you feel will help your manager get a fuller picture of you during this review period.

Instructor Comments

Instructor's Signature: _____

Objective

Briefly describe your goals.

Implementation Plan

Briefly describe what is needed to accomplish your objective.

Proposed Time line

Please indicate key milestones and a deadline for accomplishing your objective.

Manager's Initials _____

Instructor's Initials _____

(Initials indicate Manager will support the implementation plan including applications for leave and/or funding.)

The instructor has discussed these materials and the resulting development plans with me.

Manager's Signature _____

Print Name _____

Date _____