

**SCHOOL BOARD OF BREVARD COUNTY
SUPPORT LEADERSHIP STAFF
PROFESSIONAL DEVELOPMENT ASSISTANCE FORM
2016-2017**

Employee Name _____

Principal/Supervising Administrator Name _____

Performance Area

Mark the Performance Area(s) that need to be improved:

Leadership	
Management Skills	
Communications	
Judgment	
Customer Service	
Teamwork	

COMMENTS:

Specific Behaviors

Describe the behavior(s) that need to be improved.

COMMENTS:

Strategies for Improvement

Describe strategies that need to be implemented.

COMMENTS:

Assistance Plan

Describe what support will be provided (e.g. professional development opportunities, peer mentor, provide observation opportunities of counterparts in like roles, meeting dates with administrators, etc).

COMMENTS:

Employee's Signature
(Blue Ink Only)

Date

Administrator's Signature
(Blue Ink Only)

Date

