

PERFORMANCE EXCELLENCE

▶ Goal Setting and Professional Development Plan

MICHIGAN STATE
UNIVERSITY

Employee Name: _____ Supervisor Name: _____ Date: _____

Goal Setting

Goal	Steps to achieve	Due Date	Completion Date

Professional Development Plan

Skill or Competency	Activities	Resources Needed	Outcome Expected	Due Date	Completion Date

Signatures below indicate that the above goals were reviewed with the employee.

Employee Signature: _____ **Date of discussion** _____

Supervisor Signature: _____ **Date of discussion** _____