

**Personal Development Plan
for SoonerStart Staff Members**

Name: _____

Discipline: _____

Location: _____

Period Covered: _____ to _____

Long Term Professional Development Goals

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Annual Outcomes	Steps to Achieving Outcome	Resources

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How will outcomes be measured?

How will change in performance be measured?

When will plan be re-evaluated?

Staff Member:

(Signature) (Date)

Lead Clinician/Regional Coordinator:

(Signature) (Date)

Technical Supervisor:

(Signature) (Date)