CONFIDENTIAL

Georgia Media Specialist Evaluation Program

Professional Development Plan

Media Specialist's Name: _____ **School Year**: _____

Evaluator's Name: _____ **Location**: _____

Evaluation Instrument: (Check One)
- ◯ Georgia Media Specialist Evaluation Instrument
- ◯ Georgia Media Specialist Duties and Responsibilities Instrument

Purpose: (Check One)
- ◯ Optional Plan for Enhancement
- ◯ Optional Plan for Specific Needs Improvement
- ◯ Required Plan for Specific Needs Improvement

Specific Objectives for Improvement:

Activities and Timeline:

Criteria for Measurement of Progress:

Record of Participation in Recommended Activities:

Record of Performance on Specified Criteria:

Signatures:

(Evaluator) (Title) (Date)

(Signature acknowledges receipt of form, not necessarily concurrence. Written comments may be provided and/or attached. If comments are attached, initial and date here. _____)

(Media Specialist) (Date)

(School Principal if other than evaluator) (Date)