

**SCHOOL DISTRICT OF DIXIE COUNTY**  
**PROFESSIONAL DEVELOPMENT ASSISTANCE FORM**

NAME:

SCHOOL:

SCHOOL YEAR:

POSITION:

SUBJECT/COURSE:

SUPERVISOR'S NAME:

PERFORMANCE EXPECTATION:

IMPROVEMENT OBJECTIVE:

STRATEGIES:

ASSISTANCE:

DATE FOR FOLLOW-UP REVIEW:

DATE FOR COMPLETION:

EMPLOYEE'S SIGNATURE:

DATE:

SUPERVISOR'S SIGNATURE:

DATE: