

# BSEE Individual Professional Development Plan

Student's Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Date \_\_\_\_\_

## A. Educator Disposition Standards

Area of improvement	Expected Outcomes and Evidence of Completion	Resources Needed (Seminars)	Timeline

Student's Signature: \_\_\_\_\_ College Supervisor's Signature: \_\_\_\_\_

Date: [Click or tap to enter a date.](#) \_\_\_\_\_ Date: [Click or tap to enter a date.](#) \_\_\_\_\_

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Plan: Individual  Monitored  Directed

