

WAKULLA COUNTY SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
PROFESSIONAL DEVELOPMENT ASSISTANCE FORM

Employee's Name: \_\_\_\_\_

School Position: \_\_\_\_\_

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