OCMBOCES
Committed to Your Success

Administrator Project Plan

Name: _____ Supervisor: _____
Position: _____ Program: _____
Department:_____

_____

*This administrator project plan must be submitted to your supervisor at the **beginning of the year** meeting by **November 1**. A mid-year non-evaluative meeting will occur by **January 31** to discuss progress. **By June 1**, the administrator will submit the project to their supervisor. At the **end-of-year meeting**, the supervisor will review the project and provide a rating to the administrator for the project.*

Objective of Project:

Nature of Project:

Integrated planning
Instructional plan development
Curriculum development
UAssessment program development
Original Research
Professional Learning Topic: _____

Activities you will engage in to accomplish the project:

Evidence to be Collected of Successful Completion of Project:

_____ _____
Signture of Employee Date

_____ _____
Signature of Supervisor Date