



PRC Group Name:

Reviewer:

Date Reviewed:

SDP Notebook Check List

Professional Development (80 Hrs.)

Write the primary goal/objective listed on the Participant's application and compare with the activities listed on the Excel Spreadsheet.

| | Yes | No | IN-P | Recommendations |
|---|-----|----|------|-----------------|
| 1. Application, PROG Proposal, Quarterly Report, Excel Activity Tally Sheet | | | | |
| 2. Activities are relevant (specific) to the stated goal(s) | | | | |
| 3. Activities and log sheets agree | | | | |
| 4. Completed activities have proper citations/signatures | | | | |
| 5. Listed hours confirmable (Hrs. add up) | | | | |
| 6. Activity document(s) are legible and in progressive order | | | | |
| 7. Activities completed by the designated time-line | | | | |
| 8. Amended activities are relevant to original goals/objectives | | | | |
| 9. Added activities approved | | | | |

Univ./Service Development (40 Hrs.)

Write the primary goal/objective listed on the Participant's application and compare with the activities listed on the Excel Spreadsheet.

| | Yes | No | IN-P | Recommendations |
|--|-----|----|------|-----------------|
| 10. Activities are relevant (specific) to the stated goal(s) | | | | |
| 11. Activities and log sheets agree | | | | |
| 12. Completed activities have proper citations/signatures | | | | |
| 13. Listed hours confirmable (Hrs. add up) | | | | |
| 14. Activity document(s) are legible and in progressive order | | | | |
| 15. Activities completed by the designated time-line | | | | |
| 16. Amended activities are relevant to original goals/objectives | | | | |
| 17. Added activities approved | | | | |

Personal Development (30 Hrs.)

Write the primary goal/objective listed on the Participant's application and compare with the activities listed on the Excel Spreadsheet.

| | Yes | No | IN-P | Recommendations |
|--|-----|----|------|-----------------|
| 18. Activities are relevant (specific) to the stated goal(s) | | | | |
| 19. Activities and log sheets agree | | | | |
| 20. Completed activities have proper citations/signatures | | | | |
| 21. Listed hours confirmable (Hrs. add up) | | | | |
| 22. Activity document(s) are legible and in progressive order | | | | |
| 23. Activities completed by the designated time-line | | | | |
| 24. Amended activities are relevant to original goals/objectives | | | | |
| 25. Added activities approved | | | | |

RECOMMENDATIONS (Circle or X all that apply)

Professional Development: YES NO
 Univ./Serv. Development: YES NO
 Personal Development: YES NO

Signature: _____

Date: _____

Recommendation Proposal

1) List the sentence *number cited* in the Professional, Univ./Service, and Personal Development category that requires revision or additional documentation. 2) Write a brief statement that justifies recommendation(s). 3) List specific provisions/requirements that will address deficiencies cited.

| | |
|---------------------------------|--|
| Professional Development | |
| Univ./Serv. Development | |
| Personal Development | |

PRC Chair: _____ Date: _____

SDP Committee Member: _____ Date: _____