

Form 3: Evaluation of Peer Review, Self-Assessment & Professional Development Plan



**ASSOCIATION OF
BC FOREST PROFESSIONALS**

*Refer to the Peer Review Guide for follow up if the member being reviewed has not completed a self-assessment.

Self-assessment item requiring action	Was item completed by anticipated date? Yes/No	If yes, was the completion documented? Please provide details.	If the item was not completed, is there a documented reason? Yes/No
			<p><i>Attach additional sheets if necessary.</i></p>
<p>Reviewer's Signature</p>			
	<p>Peer Reviewer's Signature & Seal</p>		
<p>Date</p>	<p>Affix Seal Or Stamp Here</p>		