

Professional Development Plan

A quality professional development plan will include measurable goals (short and long-term) and activities to meet specific early care and education outcomes in relation to increased knowledge and skill level.

Tip: New staff to complete within 90 days of employment

Personal Information (please print) – *complete a new Page 1 form if any personal information in gray box changes*

Name: _____ Date of Hire: _____

Title/Position: _____

Age(s)/: _____ Classroom(s): _____

Number of hours worked per week: _____ Number of months worked per year: _____

ECE-TRIS Individual Record Form Attached Yes No

Education Completed	Major	Updated Date
<input type="checkbox"/> Some High School	N/A	
<input type="checkbox"/> GED	N/A	
<input type="checkbox"/> High School Diploma	N/A	
<input type="checkbox"/> Associate Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree/Grad.		
<input type="checkbox"/> Director's Credential	N/A	
<input type="checkbox"/> Other (ex: School Age Care Certificate) _____		

Certificates/Credentials Earned	Expiration Date	Updated Date
<input type="checkbox"/> High School Certificate of Eligibility		
<input type="checkbox"/> Commonwealth Child Care Credential		
<input type="checkbox"/> CDA – Infant/Toddler		
<input type="checkbox"/> CDA – Preschool		
<input type="checkbox"/> CDA – Family Child Care		
<input type="checkbox"/> Trainer's Credential Credential Level: _____		
<input type="checkbox"/> I.E.C.E. Certification	N/A	

Update Page – To Be Completed Annually During Evaluation & Added to Employee Professional Development Plan

Name: _____

Self-Reflection: My current strengths related to Early Care and Education/Kentucky’s Core Content are...

Plan for Professional Growth: Specific to Early Care and Education/Kentucky’s Core Content

Core Content Area/Level: _____

My goal is to... _____

Activities	Timeline (Short Term – 3, 6, 9 months; Long Term – 12 months)	Resources Needed	Assessment/ In Progress Status	Completed/ Date

Core Content Area/Level: _____

My goal is to... _____

Activities	Timeline (Short Term – 3, 6, 9 months; Long Term – 12 months)	Resources Needed	Assessment/ In Progress Status	Completed/ Date

Signature: _____

Date Plan Completed: _____