



Annual Professional Development Plan

Early Care and Education | Reflection | Goal Setting | Progress

About You

Name

Date of Hire

Title / Position

Classroom(s) / Age Group(s)

Hours Worked per Week

Months Worked per Year

Education and Credentials

Complete when information changes; verify annually in COLT

Highest Level of Education Completed

Major or Area of Study, if Applicable

Current Certificates or Credentials Held

Expiration Date(s), if Applicable

COLT System Verification

Have you updated your current level of education and any current credentials using the "Education and Self-Reported Credential" form?

☐

Yes, my education and credentials have been updated and are current.

☐

No, I need to verify my education and credentials.

Professional Reflection

What do you feel are your greatest strengths as an early childhood professional?

Which Core Content Subject Areas (CCSA) do you feel most confident in?

Select all that apply.

☐

Child Growth and Development

☐

Professional Development / Professionalism

☐

Child Assessment

☐

Program Management and Evaluation

☐

Health, Safety, and Nutrition

☐

Learning Environment and Curriculum

☐

Family and Community Partnerships

What is one area you would like to strengthen?

What professional goal would you like to accomplish, and why is it important to your professional growth or practice?

Goal Timeframe

Target Completion Date

Date Established

Goal timeframe

☐ Short-term goal (3-9 months)

☐ Long-term goal (12 months or longer)

What action steps will you take to achieve your goal?

Examples: training or professional learning, college coursework, Child Care Aware supports and resources, coaching or mentoring, observation, new strategies, or professional resources.

What support or resources will help you achieve your goal?

Select all that apply.

☐ PD Coach

☐ Training / Professional Learning

☐ College Coursework

☐ Mentor

☐ Scholarship

☐ Technical Assistance

☐ Professional Resources

☐ Other

How will you know you have achieved your goal?

What professional goal would you like to accomplish, and why is it important to your professional growth or practice?

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☐ Mentor

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☐ Technical Assistance

☐ Professional Resources

☐ Other

How will you know you have achieved your goal?

Progress Tracking and Plan Completion

Complete during periodic check-ins

Goal Progress Review 1

Review Date 1

Review Date 2

Date Goal Was Met

Status

☐

On track

☐

Revised / Updated

☐

Goal met

What progress have you made toward your goal since your last review?

If the goal was met, what did you learn and how has your practice changed?

Goal Progress Review 2

Review Date 1

Review Date 2

Date Goal Was Met

Status

☐

On track

☐

Revised / Updated

☐

Goal met

What progress have you made toward your goal since your last review?

If the goal was met, what did you learn and how has your practice changed?

Plan Acknowledgment

Participant Signature / Name

Director Signature / Name

Date Plan Completed

Additional Notes

Use this space to document important updates, changes to goals, additional accomplishments, or follow-up discussion.

Optional