**Professional Development Plan & Individualize Training Plan**

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| --- | --- |
| **Employee Name:** | **Date:** |
| **Position:** | **Date of Hire:** |
| **Education Level:** | **Supervisor:** |

 **Education Requirement for position:**

* **Introduction to Childcare Training Date started: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Child Development Associate (CDA/FCCPC) Credential Expiration Date: \_\_\_\_\_\_\_\_\_\_**
* **Staff Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_**
* **Director Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_**
* **Associate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bachelor Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List specific skills or goals to be developed to enhance job knowledge or competency skills.**

|  |
| --- |
| **Professional Development Goal:** |
| **Strategies:** |
|  |

**□ Current Job Requirement □ Annual Evaluation □ Career Development**

**Action steps/resources needed to complete the Professional Development Goal**

|  |  |  |
| --- | --- | --- |
| **Action Steps** | **Resource/Cost** | **Timeframe** |
|  |  |  |
|  |  |  |
| **Progress/Completion Notes: (Please include the dates and notes made toward Professional Development Goal)** |

*In accordance with the Head Start Program Performance Standard (HSPPS), all staff must complete at least 15 Hours of*

 *training at the end of each program year.*

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7/2021dsm**

Reviewed by

Education Coordinator \_\_\_\_\_\_ \_\_\_\_\_\_

 Initial Date

**□ Continuation of Professional Development Plan □ New Professional Development Plan**

**List specific skills or proficiency goals to be developed to enhance job knowledge or competency skills.**

|  |
| --- |
| **Professional Development Goal:** |
| **Strategies:** |
|  |
|  |

**□Current Job Requirement □ Annual Evaluation □ Career Development**

**Action steps/resources needed to complete the Professional Development Goal**

|  |  |  |
| --- | --- | --- |
| **Action Steps** | **Resource/Cost** | **Timeframe** |
|  |  |  |
|  |  |  |
| **Progress/Completion Notes: (Please include the dates and notes made toward Professional Development Goal)** |

*In accordance with the Head Start Program Performance Standard (HSPPS), all staff must complete at least 15 Hours of*

Training at the end of each program year.

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor or Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reviewed by

Education Coordinator \_\_\_\_\_\_ \_\_\_\_\_\_

 Initial Date

7/2021dsmdsm