

PROFESSIONAL DEVELOPMENT PLAN

Name: _____ Job Title: _____ Today's Date: _____ Employment Date: _____

Employer: _____ Age group assigned to: _____ Work hours: _____

EDUCATION HISTORY

High School:	College(s): attended _____ _____ _____	Currently enrolled: (Check) <input type="checkbox"/> Wayne Community College <input type="checkbox"/> Johnston Community College <input type="checkbox"/> Lenoir Community College <input type="checkbox"/> Mount Olive <input type="checkbox"/> East Carolina University <input type="checkbox"/> Other: _____	Years of Experience in Child Care: 	SIDS certification <input type="checkbox"/> no <input type="checkbox"/> yes, expired: _____
	Degree Earned: _____	Expected Date of Graduation: _____	In-service Training Hours needed:	CPR certification <input type="checkbox"/> no <input type="checkbox"/> yes, expired: _____
	Date of Graduation: _____	Degree Expected to Earn: _____	BSAC certification: ___ or ___NA	First aid certification <input type="checkbox"/> no <input type="checkbox"/> yes, expired: _____
	<input type="checkbox"/> Not currently enrolled school			

SELF-ASSESSMENT

<u>Personal and Professional Strengths: (Check all that apply)</u> <input type="checkbox"/> Knowledge about children's development <input type="checkbox"/> Observing and listening to children <input type="checkbox"/> Letting children guide my planning <input type="checkbox"/> Team teaching (working together other teachers) <input type="checkbox"/> Self-motivation <input type="checkbox"/> Knowledge of children with special needs <input type="checkbox"/> Working with parents and getting to know families <input type="checkbox"/> Recognizing what individual children need <input type="checkbox"/> Knowledge of the cultures of each family in my care <input type="checkbox"/> Patience <input type="checkbox"/> Organizational skills <input type="checkbox"/> Planning special events <input type="checkbox"/> Planning learning spaces <input type="checkbox"/> Planning outdoor play <input type="checkbox"/> Seeking educational opportunities <input type="checkbox"/> Using outside resource people	<u>Areas of Improvement: (Select any three from the list)</u> <input type="checkbox"/> Knowledge about children's development <input type="checkbox"/> Observing and listening to children <input type="checkbox"/> Letting children guide my planning <input type="checkbox"/> Working together with co-workers <input type="checkbox"/> Knowledge of children with special needs <input type="checkbox"/> Working with parents and families <input type="checkbox"/> Recognizing what individual children need <input type="checkbox"/> Knowledge of the cultures of each family in my care <input type="checkbox"/> Patience <input type="checkbox"/> Organizational skills <input type="checkbox"/> Planning special events <input type="checkbox"/> Planning learning spaces <input type="checkbox"/> Planning outdoor play <input type="checkbox"/> Seeking educational opportunities <input type="checkbox"/> Using outside resource people <input type="checkbox"/> Collaborating with others	<u>Suggested Workshops:</u>
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INDIVIDUAL GOALS

TIMELINE TO ACHIEVE GOALS

GOAL:	ACTION STEPS:	TIMELINE: (By When)	DATE:
1.			
2.			

Signature

Date

