Tennessee Child Care Provider Annual Professional Development Plan

Personal Information (completed by staff member)					
First & Last Name					
Position	Date of employment				
Facility	Phone toYear				
Licensing Date: Fromto	Year				
Highest level of education attained: <u>circle one</u> GED, High School, Some College, CDA, Associate's Degree, Bachelor's Degree, Master's Degree					
What is your educational goal? <u>circle one</u> Improve my job skills, GED, High School, Some College, CDA, Associate's Degree, Bachelor's Degree, Master's Degree, Doctorate					
Professional Survey (completed by administrator w	ith input from staff member)				
Please mark SK if staff person is somewhat knowledgeable, K if knowledgeable, or N if more information is needed about the following:					
Child DevelopmentFamily Relatio ProfessionalismHealth & Safe Learning EnvironmentsDevelopmenta AdministrationInclusion/spec Language/literacyCurriculum Pla	tyIndividual & Cultural Diversity ally Appropriate Practice cial needsObservation & Assessment				
Professional Areas for Improvement/Short-term goals (completed by staff member with input from administrator)					
Choose at least two areas (from the above survey or content list in guide) to complete this sentence: "This licensing year I would like to improve my knowledge and/or skills in 1 and 2 Other short-term goals:					
Professional Plan of Action to Improve Knowledge and/or Skills (completed by staff member with input from administrator)					
How do you intend to build knowledge on each short-term goal this year? Check all that apply.					
1. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance Other (explain)					
2. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance Other (explain)					
Long-term goals (completed by staff member)					
Professionally, in five years					
Needed to achieve long-term goal: Job security Advancement opportunities Administrative support Financial assistance	I would be interested in: • Accreditation • Administrator's Credential • Infant/Toddler Credential • Other:				

Director's Signature

Employee's Signature

Date

Highland Rim Head Start Individual Staff Development Plan

Name:		Job Title <u>:</u>		
Educational Background Please circle the highest level of education completed:				
GED High School CDA	Technical Some Coll Associate	•	Bachelor Degree Master Degree	
Please circle the level	of education you wo	uld like to obtain:		
CDA Technical	Associate Degree	Bachelor Degree	Masters Degree	
CDA Information Current CDA: yes no	Working towa	ards a CDA: yes no	n/a	
Renewal date:	Expe	cted date of completic	on <u>:</u>	
Current Degree: yes	no n/a	Working towa	rds a degree: yes no n/a	
<u>Type of Degree:</u> Associate Major		Associate	_Major	
Bachelor Major		Bachelor	Major	
Master Major		Master	_ Major	
		Expected date completion:	of	
WHAT A	ARE YOUR PROFESS	SIONAL DEVELOPM	ENT GOALS?	

Verification: Staff person and supervisor or person assisting in developing the plan will sign upon completion of plan and update periodically.

Signature Date		Signature	Date	
Signature	Date	Signature	Date	
Signature	Date	Signature	Date	