

Developing your Individual Professional Development Plan

1. As you think about your past experience and professional development, take some time to reflect on the following:

What do you already know? _____

What are your strengths? _____

Where or what do you want to improve? _____

2. Think about your program/classroom. Take some time to reflect on two or three specific skills you would like to learn more about or strengthen. The following questions will help you determine your personal goals:

What do you want to learn about? _____

What skills do you need to improve? _____

3. What career goal/pathway works for you? How does your past experience and professional development fit into EEE's career pathways for continued educational development?

Do you need to learn more about EEE's career pathways?

QRIS Core Competencies CDA EEC Credentials College Degree

4. How will you move along your chosen career goal/pathway? What steps will you take?

Developmental Coursework:

Adult Education ESOL GED College Preparation Help with Accuplacer

Individual Professional Development Plan

Educator Information

First Name: _____	Last Name: _____	PQR # _____
Address: _____		
Phone: _____	E-mail: _____	

Employment Information

Provider/Program Name: _____			
Address: _____			
Phone: _____	E-Mail: _____		
Select Program Type:			
<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group Child Care	<input type="checkbox"/> School Age Care	Other: _____

Experience:

<i>Number of years in the field:</i>				
<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11-20 years	<input type="checkbox"/> More than 20 years
<i>Positions held (Apply all that apply)</i>				
<input type="checkbox"/> Assistant Director	<input type="checkbox"/> Director	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Lead Teacher
<input type="checkbox"/> Assistant Group Leader	<input type="checkbox"/> Group Leader	<input type="checkbox"/> Site Coordinator	<input type="checkbox"/> FCC Assistant	
<input type="checkbox"/> Family Child Care Provider	Other: _____			

Education:

Previous Education (check all that apply)		
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree in ECE or related field
<input type="checkbox"/> Associate's Degree in unrelated field	<input type="checkbox"/> Bachelor's Degree in ECE or related field	
<input type="checkbox"/> Bachelor's Degree in unrelated field	<input type="checkbox"/> Graduate Studies/Degree in ECE or related field	
<input type="checkbox"/> Graduate Studies/Degree in unrelated field		

EEC Certification:

<input type="checkbox"/> Infant/Toddler Teacher	<input type="checkbox"/> Infant/Toddler Lead Teacher	<input type="checkbox"/> Pre-school Teacher	
<input type="checkbox"/> Pre-school Lead Teacher	<input type="checkbox"/> Director I	<input type="checkbox"/> Director II	Other: _____

For Professional Development I Typically: <input type="checkbox"/> Attend CEU courses	<input type="checkbox"/> Attend College courses
<input type="checkbox"/> Attend Workshops (up to 2 hrs)	<input type="checkbox"/> Participate in on-line training

Individual Professional Development Plan (cont.)

Career Goal: What do you want to accomplish in the next 3 to 5 years?

<input type="checkbox"/> Associate's Degree in ECE or related field	<input type="checkbox"/> Bachelor's Degree in ECE or related field
<input type="checkbox"/> Adult Education, GED, ESOL, College Prep Courses	
<input type="checkbox"/> Credential, certification or Licensure: <input type="checkbox"/> CDA	<input type="checkbox"/> Teacher <input type="checkbox"/> Lead Teacher
<input type="checkbox"/> Increase knowledge in a specific Core Competency Area: _____	
<input type="checkbox"/> Advancement to a higher level position: _____	
Other: _____	

Short-Term Goals: How will you meet your goals:

<input type="checkbox"/> College Courses	<input type="checkbox"/> Workshops
<input type="checkbox"/> Formal Training such as CEU's	<input type="checkbox"/> Professional conference(s)
Other: _____	

Implementation:

Activity 1:
1. What will be done? _____ _____ _____
2. Start/end date: _____ Registered <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Resources needed: _____ _____
4. Solutions: _____ _____

Activity 2:
1. What will be done? _____ _____ _____
2. Start/end date: _____ Registered <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Resources needed: _____ _____
4. Solutions: _____ _____

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (cont.)

Implementation: What steps will you take to achieve your professional development goal?

Activity 3:

1. What will be done?

2. Start/end date: _____ Registered ___ Yes ___ No

3. Resources needed:

4. Solutions:

Comments/Recommendations:

___ Initial Plan ___ Changes made to plan

Memorandum of Understanding:

The Program Administrator agrees to provide the following supports in an effort to promote Educators Professional Development plans:

___ Pay/Reimburse the Registration Fee ___ Pay/Reimburse transportation costs
___ Allow employee to adjust schedule to accommodate trainings
___ Pay employee regular hourly rate for time spent at training
Other: _____

Administrator's Signature _____ Date: _____

The educator agrees to attend, and successfully complete, the identified professional development opportunities. The educator will provide documentation of attendance/completion to the program administrator and agrees to update their PQR to reflect these opportunities.

Educator's Signature _____ Date: _____