



Professional Learning Plan (PLP)

Name:

Title/Position:

Program Name:

Ages of children served (check all that apply):

Infants 1's 2's 3's 4's School Age
Other

Hire Date
mm/dd/yyyy:

PLP Start Date
mm/dd/yyyy:

PLP End Date
mm/dd/yyyy:

Learning Goal(s):

Describe Professional Learning Activity that will help you meet learning goal(s):

Competency Area(s): Training Level: Required for Licensing? Hours:

Quality Rated Topic Addressed: Evidence of Completion:

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Competency Area(s): Training Level: Required for Licensing? Hours:

Quality Rated Topic Addressed: Evidence of Completion:

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Competency Area(s): Training Level: Required for Licensing? Hours:

Quality Rated Topic Addressed: Evidence of Completion:

PLP Completion Date: mm/dd/yyyy