



## Annual Professional Development Plan

### Personal Information:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Hours per week \_\_\_\_\_ Ages of children/students \_\_\_\_\_

### Education Completed:

\_\_\_ GED      \_\_\_ High School Diploma      \_\_\_ CDA      \_\_\_ TCC, TCD

\_\_\_ Associate Degree (Major \_\_\_\_\_)      \_\_\_ Baccalaureate Degree (Major \_\_\_\_\_)

\_\_\_ Master's Degree (Major \_\_\_\_\_)      \_\_\_ Doctorate (Major \_\_\_\_\_)

\_\_\_ Credential(s) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Professional Development Registry Career Level: \_\_\_\_\_

### Please answer the following:

My current strengths related to Child Care Administration, **and/or** Early Care and Education, **and/or** School Age Care are:

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My current areas of challenge related to Child Care Administration, **and/or** Early Care and Education, **and/or** School Age Care are:

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**My professional development goals are:**

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\*\*\*Remember to consider changes in Education requirements from Child Care Licensing when planning 12-month goals.

12-month Action Plans (related to professional development goals stated above)	Core Knowledge Area (ECE; ADM)** / Training Level (Beginner, Intermediate, Advanced)	Activity Details	Target Date for Completion
Licensing- Required Training (10 hrs)	# of hours / Training Level (Beginner, Intermediate, Advanced)	Activity Details	Target Date for Completion
Quality Rated – Required Training	# of hours / Training Level (Beginner, Intermediate, Advanced)	Activity Details	Target Date for Completion
Cultural / Linguistic Competency			
Inclusion			
Strengthening Families			

\*\* Please refer to the Georgia Early Care and Education Professional Development Competency Goals and Indicators document in the Professional Development System to identify appropriate ECE or ADM competencies for training.

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_