



# 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:

**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:

**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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**PLP Completion Date: mm/dd/yyyy**