Tennessee Child Care Provider Annual Professional Development Plan

Personal Information (completed by staff member)

First & Last Name_________________________________________________________
Position ______________________________Date of employment__________________
Facility___________________________________________Phone_________________
Licensing Date: From __________to __________Year____________

Highest level of education attained: circle one
GED, High School, Some College, CDA, Associate’s Degree, Bachelor’s Degree, Master’s Degree

What is your educational goal? circle one
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 with 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 Development   _____Family Relationships   _____Guidance
_____Professionalism     _____Health & Safety     _____Individual & Cultural Diversity
_____Learning Environments _____Developmentally Appropriate Practice
_____Administration      _____Inclusion/special needs   _____Observation & Assessment
_____Language/literacy    _____Curriculum Planning  _____Technology

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: I would be interested in:
 □ Job security □ Accreditation
 □ Advancement opportunities □ Administrator’s Credential
 □ Administrative support □ Infant/Toddler Credential
 □ Financial assistance □ Other: ______________________

Director’s Signature __________________________ Employee’s Signature __________________________
Date ________________ Date ________________