



Professional Development Plan Update



Date Original Plan Completed: _____ Review Date: _____

Name: _____ Employer: _____

Address: _____ Hire Date: _____

_____ Title/Position: _____

Phone: _____ Ages of Children You Serve: _____

Email: _____

Goal(s) Accomplished: _____

Are you currently enrolled at a community college or university? Yes No
If yes, which school: _____

Have you taken the placement test? Yes No

Have you declared a major? Yes No

Have you taken any distance education courses? Yes No

Do you need information about distance education? Yes No

Goal Statement: _____

I plan to begin/continue working on my goals:

currently working on/immediately within 3 months within 6 months within 1 year

Have you applied for /or renewed any of the following:

T.E.A.C.H WAGE\$ Education Awards Financial Aid Early Educator Certification

Do you need information about these programs? Yes No

If yes, which program(s): _____

Barriers to Reaching Goal(s):

Time Child Care Transportation Cost Location Computer skills

Fear of school work No employer support Other _____

Child Care Professional Signature

Director/Owner Signature

ICPYC Staff Signature