



Professional Development Plan Update



Date Original Plan Completed: _____ Review Date: _____

Name: _____

Employer: _____

Address: _____

Hire Date: _____

Title/Position: _____

Phone: _____

Ages of Children You Serve: _____

Goal(s) Accomplished:

Are you currently enrolled at a community college or university? Yes No

Have you taken the placement test? Yes No

Have you declared a major? Yes No

Goal Statement:

I plan to begin/continue working on my goals:

within the next month 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

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