



Professional Development Plan



Date: _____

Name: _____

Employer: _____

Address: _____

Hire Date: _____

Title/Position: _____

Phone: _____

Ages of Children You Serve: _____

Months/Years in Child Care: _____

Education:

- | Accomplished | Goal |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> North Carolina Child Care Credentials
Date Obtained _____
Coursework Tested Out Equivalency |
| <input type="checkbox"/> | <input type="checkbox"/> North Carolina Child Care Administration Credentials
Date Obtained _____
Coursework Tested Out Equivalency
Level: I II III |
| <input type="checkbox"/> | <input type="checkbox"/> Infant Toddler Certificate
Date Obtained _____
Name of College _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Associate Degree <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS
Date Obtained _____
Name of College _____
Major _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BK
Date Obtained _____
Name of College _____
Major _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Master's Degree <input type="checkbox"/> MA <input type="checkbox"/> MS
Date Obtained _____
Name of College _____
Major _____ |

Barriers to taking college courses:

- Time Child Care Transportation Cost Location
 Computer skills Fear of schoolwork No employer support
 Other _____

Have you taken any distance education classes? Yes No

Do you need information about distance education? Yes No

Rate your computer skills:

- None Microsoft Word Excel/Spreadsheets E-Mail
 Internet Taken some classes online

Do you need information about internet classes? Yes No

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

- T.E.A.C.H WAGES\$ Education/Monetary Awards Financial Aid

Do you need information about these programs? Yes No

If yes, which program(s): _____

Putting your plan into Action

I plan to begin working on my goals:

- within the next month within 3 months within 6 months within 1 year

I believe I can reach my goal in:

- 6 months to 1 year 1-2 years 3-5 years more than 5 years

Child Care Professional Signature

Director/Owner

ICPYC Staff Signature

