Professional Development Plan for Child Care Center Employees

Developed by Child Care Resources Inc. on behalf of the North Carolina Child Care Resource and Referral Council
With Appreciation to the North Carolina Early Educator Support, Licensure, and Professional Development Office and
the North Carolina Division of Child Development and Early Education.

Name: ____________________________  Date: ____________________________

Position: ____________________________  Classroom: ____________________________
Supervisor/TA practitioner/Coach/Mentor helping (if applicable): ____________________________________________

Do you have your Early Educator Certification?  □ Yes  □ No  
If yes, indicate your Early Educator Certification Level: __________

How often will this professional development plan be reviewed?  
☐ Monthly  
☐ Quarterly (3 months)  
☐ Bi-annually (6 months)  
☐ Annually (12 months)  

**Completed Education**  
*Check the highest level of education completed*  
☐ GED  
☐ High School Diploma  
☐ Child Development Associate (CDA)  
☐ Some College  
☐ Associate Degree in Early Childhood Education  
☐ Associate Degree in other subject area (Major: )  
☐ Bachelor Degree in Early Childhood Education  
☐ Bachelor Degree in other subject area (Major: )  
☐ Master of Arts Degree (Concentration: )  
☐ Doctorate (Dissertation: )

*Number of in-service contact hours required by licensing: ________________________________
The table below is designed to help you outline your professional development goals and how to complete them. After you document your goals, consider the activities, resources and steps you will need to take to achieve each goal. Be sure to include your thoughts and plans on how to achieve your goals, as well as any additional resources needed. Enter up to five goals in the space below. Start with short-term goals, and move on to long-term goals, if desired.

A good written example to follow when writing goals is: “I will (enter a specific, measurable, attainable, and realistic goal) by (enter estimated timeframe/date of completion).”

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action Steps</th>
<th>Resources Needed</th>
<th>Person Responsible</th>
<th>Progress towards Goal</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1:</td>
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<td>Goal 2:</td>
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<td>Goal 3:</td>
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<td>Goal 4:</td>
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<td>Goal 5:</td>
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</tbody>
</table>
## Professional Development Plan Review Form

**Review Date:** ____________________  **Next Review Month:** ______  **Year:** ______

**Goal:**

**Evidence Towards Completion of Goal** *(e.g. certificates of completion, transcripts, steps taken, etc.):*

<table>
<thead>
<tr>
<th>Teacher/Assistant Teacher Comments:</th>
<th>Supervisor Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teacher Signature:</strong></td>
<td><strong>Supervisor Signature:</strong></td>
</tr>
<tr>
<td><strong>TA practitioner/Coach/Mentor Comments (if applicable):</strong></td>
<td><strong>Other Notes:</strong></td>
</tr>
<tr>
<td><strong>TA practitioner/Coach/Mentor Signature:</strong></td>
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</tbody>
</table>