

CDA Professional Development Plan

Provider _____ Reviewed by: _____ Program Year _____

Current Degree _____ Related Field Yes No Currently Enrolled in Degree Program? Yes No

Plans to Enroll in Degree Program by _____ CDA Yes No CDA Renewal due date _____

Registration #	Expiration Date	DHS Listing #	Enhanced DHS Yes No	Professional Development Registry Entry Level Application					
Required Training:	First Aid Expiration Date	CPR Expiration Date	Food Handlers Expiration Date	RCAN Date	Comments:				
Additional Training 8 hours required certificates required	Target Date:	Title of training		Sponsor of Training		Hours	Date Comp.		
ECE Related Courses	Course Completed?		Target Completion Date	College/University	Credits	Date Completed	Course Name/ Number	Documentation Received	
	Yes	No						Yes	No
CDA Training	Module #			Target completion		Completion Date			

CDA Training	Module #				Target completion		Completion Date	
CDA Competency Statements Completion Dates	#1	#2	#3	#4	#5	#6	#7	#8
CDA Resource File Complete	#1	#2	#3	#4	#5	#6	#7	#8
	#9	#10	#11	#12	#13	#14	#15	#16
	#17							
CDA Parent Letters	# Sent		# Received		Comments:			
CDA Advisor's Observation	Date Completed				Comments:			

PROFESSIONAL GROWTH	HOW I PLAN TO MEET GOAL/OBJECTIVE		
Goals/Objectives:	Task Activities:	Target Date:	Completion Date:

Staff Signature and Date

Supervisors Signature and Date

Executive Director Signature and Date

Staff Initial/Date

Supervisor's Initial/Date