

## Professional Development Plan

Staff \_\_\_\_\_ Transcripts 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 \_\_\_\_\_

- Education staff with related degrees (staff must have at least 3 courses in addition to the 3 core courses for a minimum of 6 courses, totaling 22 quarter hours or 15 semester hours).
- Education staff completing course work as a part of an existing degree plan
- Staff taking course work to maintain a current CDA (must be a three credit course in early childhood)

<b>Required Core Courses: (minimum of 2 credits each)</b>	Course Completed?		Target Completion Date	College/University	Credits	Date Completed	Course Name/Number	Documentation Received	
	Yes	No						Yes	No
<b>Child Growth and Development</b>									
<b>Guidance and Classroom Management</b>									
<b>Observation, Assessment and Recording</b>									

**Additional Required Courses for related field degrees:** May be chosen from topics such as: Language Development; Creative Curriculum; Child Abuse and Neglect (for credit only); Family and Child Relationships; Curriculum Development; Technology in the Classroom; Motor Development; Science and Exploration; Music, Art and Creativity for Young Children; Literature for Young Children; Working with Special Needs; Feeding Relationships; Foods and Nutrition; Social Services Competency Training.

Course Name and Number	Target Completion Date	College/University	Credits	Date Completed	Course Description	Documentation Received	
						Yes	No
Total Credits							

\_\_\_\_\_  
Staff Signature and Date

\_\_\_\_\_  
Supervisors Signature and Date

\_\_\_\_\_  
Executive Director Signature and Date

**Completion Summary:**

Required Courses:

- |     |  |                |
|-----|--|----------------|
| 1.  | Child Growth and Development:          | Credits: _____ |
| 2.  | Guidance and Classroom Management:     | Credits: _____ |
| 3.  | Observation, Assessment and Recording: | Credits: _____ |
| 4.  |  | Credits: _____ |
| 5.  |  | Credits: _____ |
| 6.  |  | Credits: _____ |
| 7.  |  | Credits: _____ |
| 8.  |  | Credits: _____ |
| 9.  |  | Credits: _____ |
| 10. |  | Credits: _____ |

**Course/Training Title**

**Hours of Instruction**

**Instructor**

**Date**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Staff Signature and Date

\_\_\_\_\_  
Supervisors Signature and Date

\_\_\_\_\_  
Executive Director Signature and Date

\_\_\_\_\_  
Staff Initial/Date

\_\_\_\_\_  
Supervisor's Initial/Date