

Sequatchie Valley Head Start Annual Professional Development Plan

Personal Information (completed by staff member)

First & Last Name _____
Position _____ Date of employment _____
Facility _____ Phone _____
Licensing Date: From _____ to _____ Year _____

Highest level of education attained: circle one
GED, High School, Some College, CDA, 1/2 towards ECD, Associate's Degree, Bachelor's Degree, Master's Degree

What is your educational goal? circle one
Improve my job skills, CDA, Associate's Degree, Bachelor's Degree, Master's Degree, Doctorate

Professional Survey (completed by supervisor with input from staff member)

Please mark **SK** if staff person is somewhat knowledgeable, **K** if knowledgeable, or **N** if more information is needed about the following:

_____ Child Development	_____ Family Relationships	_____ Guidance
_____ Professionalism	_____ Health & Safety	_____ Individual & Cultural Diversity
_____ Learning Environments	_____ Technology	_____ Observation & Assessment
_____ Administration	_____ Inclusion/special needs	_____ Developmentally Appropriate Practice
_____ Language/literacy	_____ Curriculum Planning	

Professional Areas for Improvement/Short-term goals (completed by staff member with input from supervisor)

Choose at least two areas (from the above survey or content list in guide) to complete this sentence:

"This licensing year I would like to improve my knowledge and/or skills in

1. _____ and 2. _____.

Other short-term goals: _____

Professional Plan of Action to Improve Knowledge and/or Skills (completed by staff member with input from supervisor)

How do you intend to build knowledge on each short-term goal this year? Check all that apply.

1. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance
 Other (explain) _____
2. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance
 Other (explain) _____

Long-term goals (completed by staff member)

Professionally, in five years _____

Needed to achieve long-term goal:

- Job security
- Advancement opportunities
- Administrative support
- Financial assistance

I would be interested in:

- Accreditation
- Administrator's Credential
- Infant/Toddler Credential
- Other: _____

Sequatchie Valley Head Start Annual Professional Development Plan Continued

Answer the following questions with regard to your position and center duties (completed by staff member)

1. What skills do you believe are necessary to do your job? _____

2. Are you comfortable performing your current job? If not, please explain and suggest training activities: _____

3. What, if anything, is frustrating or difficult about your job? Can you explain or suggest solutions? _____

4. What type of training do you prefer (ex: lectures, self-study, group workshops, coaching, peer tutoring, small groups, etc.)? _____

5. Do you have any suggestions for future trainings or events? _____

6. Note any trainers that you would like to have for future events: _____

Training Commitments (completed by staff member)

- ___ Attend all inservices
- ___ Attend ___ special events or workshops Detail: _____
- ___ Visit other center, establish a peer mentoring relationship with _____
- ___ Read professional literature (books, magazines, journals) Detail: _____
- ___ Enroll in a class Detail: _____
- ___ Join or remain a member of a professional organization Name(s) of organization _____
- ___ Advocate for children and families by _____
- ___ Complete training activities Detail: _____

Employee Signature

Date

Supervisor Signature

Date