

Professional Development Plan for Family Child Care Home Providers

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.

Provider Name: _____ Date: _____

Position: _____

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: _____)
- Masters Degree (Concentration: _____)
- Doctorate (Dissertation: _____)

Number of on-going service contact hours required by licensing: _____

Professional Development Plan

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, measureable, attainable, and realistic goal) by (enter estimated timeframe/date of completion)."

Goal	Action Steps <i>What activities & steps will help you achieve your goal?</i>	Resources Needed <i>Are there any resources that you need to achieve your goal?</i>	Person Responsible <i>Who is responsible for each action step and/or for finding/providing necessary resources</i>	Progress towards Goal <i>Evidence of completion for action steps</i>	Date Completed <i>Indicate the date you achieved your goal</i>
Goal 1:					
Goal 2:					
Goal 3:					
Goal 4:					
Goal 5:					

Professional Development Plan Review Form (complete one for each goal)

Review Date: _____ Next Review Month: _____ Year: _____

Goal:

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

Family Child Care Home Provider Comments:

Family Child Care Home Provider Signature:

TA practitioner/Coach/Mentor Comments (if applicable):

Other Notes:

TA practitioner/Coach/Mentor Signature: