



# Professional Development Plan

## What is the Professional Development Plan?

### The Professional Development Plan is:

- A document intended for early care and education professionals.
- A record of your past professional development.
- A plan for your future professional development.
- A tool for career development.
- A sample document for professionals.
- A tool for administrators to use with staff in professional development planning.



# Professional Development Plan

Name:		Date:	
Job Title:	Area of specialization/Age group:		Hire Date:
Program Name:		Phone:	
Program Address:	City:	State:	Zip:

**Person Assisting with Plan:**

**Review Date(s):**

## Educational Background

**Early Childhood Professional Designation-Level is calculated based on the Ohio Career Pathways system and entry into the OPDN Registry (circle):**

Level I                      Level II                      Level III                      Level IV                      Level V                      Level VI

How many training hours do you have? (use **Professional Development Registry Report** form to calculate):

Date:	Total:	Date:	Total:	Date:	Total:
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<p>Please check the highest level of education completed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> GED</li> <li><input type="checkbox"/> High School</li> <li><input type="checkbox"/> CDA</li> <li><input type="checkbox"/> Some College</li> <li><input type="checkbox"/> Associate Degree</li> <li><input type="checkbox"/> Bachelor Degree</li> <li><input type="checkbox"/> Masters Degree</li> </ul>	<p>I want to obtain:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CDA</li> <li><input type="checkbox"/> Associate Degree</li> <li><input type="checkbox"/> Bachelor Degree</li> <li><input type="checkbox"/> Masters Degree</li> <li><input type="checkbox"/> Other (please specify)</li> </ul>	<p>I want to further my professional growth and development by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtaining In-Service credit</li> <li><input type="checkbox"/> Specialized Training</li> <li><input type="checkbox"/> Completing College Courses</li> <li><input type="checkbox"/> Other (please specify)</li> </ul>
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## Goal Setting

**Short-Term Career Goal (12-month):**

**Long Term Career Goal:**

# Completed Professional Development

Name \_\_\_\_\_

Date: \_\_\_\_\_

Core Knowledge Area (CKA)	Circle the CKA level			Circle the CKA level			Circle the CKA level		
<b>Child Growth &amp; Development</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class			Class		
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	
<b>Family &amp; Community Relations</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class			Class		
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	
<b>Health, Safety, &amp; Nutrition</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class					
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	
<b>Child Observation &amp; Assessment</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class			Class		
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	
<b>Professional Development</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class			Class		
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	
<b>Learning Experiences &amp; environments</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 1/CDA</b>	<b>Level 2</b>	<b>Level 3</b>
	Class			Class			Class		
	# Clock hours	Date		# Clock hours	Date		# Clock hours	Date	



# Professional Development Action Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

Core Knowledge Area (CKA) Circle the level	CDA Content Area	Action Steps (Include type of professional development needed – i.e. mentoring, observation, educational classes)	Resources Needed (people, materials, financial support)	Timeline	Date Completed
Child Growth & Development Level 1 2 3					
Family & Community Relations Level 1 2 3					
Health, Safety, & Nutrition Level 1 2 3					
Child Observation & Assessment Level 1 2 3					
Professional Development Level 1 2 3					
Learning Experiences & environments Level 1 2 3					

Reproduce pages as needed.  
 Visit [www.ohpdnetwork.org](http://www.ohpdnetwork.org) for information about *The Ohio Core Body of Knowledge and Competencies for Early Childhood Professionals* – "The Core"



# Professional Development Plan

## SIGNATURES

**Plan Meeting**

**Initial**

**Review:**

Monthly

Quarterly

Semi-Annual

Annual

Comments:

Signature

Role

Date

Signature

Role

Date

**Plan Meeting**

**Initial**

**Review:**

Monthly

Quarterly

Semi-Annual

Annual

Comments:

Signature

Role

Date

Signature

Role

Date

Signature

Role

Date