

## Teaching Staff Individual Professional Development Plan

Teacher <input type="checkbox"/>	Teacher Aide <input type="checkbox"/>	Today's Date:	Hire Date:
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1. Please print or type

2. Answer all questions completely

### PERSONAL INFORMATION

Last Name		First Name		Middle	
Present Address		City		State	Zip
Mobile Number	Languages than English)	(other	Ethnicity	Email Address	

### COACH INFORMATION

Center		Room Assignment	
Instructional Coach	Area Manager (On-Site Coach)		TSR Coach

### EDUCATION BACKGROUND

Please check all that apply

<input type="checkbox"/> General Educational Development (GED)	<input type="checkbox"/> In Training	<input type="checkbox"/> Pending Assessment	Date issued: _____
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> In Training	<input type="checkbox"/> Pending Assessment	Date issued: _____
<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> In Training	<input type="checkbox"/> Master's Degree	Field: _____ Date: _____
<input type="checkbox"/> Infant/Toddler Child Development Associate (I/T CDA)	<input type="checkbox"/> In Training	<input type="checkbox"/> Currently Attending College	
<input type="checkbox"/> Associate's Degree (AA) Field: _____	Date: _____		
<input type="checkbox"/> Bachelor's Degree (BA) Field: _____	Date: _____		

### GOALS

1. What is your goal for your Professional Development?	By when?
Short Term Goal 1?	By when?
Short Term Goal 2?	By when?
2. What additional assistance you feel you need in classroom support?	
3. Please identify the area(s) you feel additional assistance is needed.	

Select any area of training you feel would benefit your professional growth.

<input type="checkbox"/> Individualization	<input type="checkbox"/> School Readiness Goals & Objectives
<input type="checkbox"/> Curriculum/Lesson planning	<input type="checkbox"/> Screening & Assessment
<input type="checkbox"/> Classroom Management/Environment	<input type="checkbox"/> College Enrollment
<input type="checkbox"/> Numeracy/Math Tubs	<input type="checkbox"/> Transition Procedure/Activities
<input type="checkbox"/> CLASS (Teacher Observation Tool)	<input type="checkbox"/> Guidance / Discipline
<input type="checkbox"/> Teacher-Child Interaction	<input type="checkbox"/> Child Growth & Development

Teacher's Signature

Coach's Signature

Area Manager's Signature