

Custodian/Bus Driver Individual Professional Development Plan

Custodian <input type="checkbox"/>	Van/Bus Driver <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 (other than English)	Ethnicity	Email Address	

MENTOR INFORMATION

Job Site	Mentor/Supervisor
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EDUCATION BACKGROUND/EDUCACION

Please check all that apply

- | | |
|-------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> General Educational Development (GED) | Date issued: _____ |
| <input type="checkbox"/> High School Diploma | Date issued: _____ |
| <input type="checkbox"/> Child Development Associate (CDA) | Date issued: _____ |
| <input type="checkbox"/> Infant/Toddler Child Development Associate (I/T CDA) | Field: _____ |
| <input type="checkbox"/> Certificate of Profereciency | Field: _____ |
| <input type="checkbox"/> Associate's Degree (AA) | |
| <input type="checkbox"/> Bachelor's Degree (BA) | |

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 do you feel you need?	
3. Please indentify the area(s) you feel additional assistance is needed.	

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

- | | | |
|------------------------------------------------------------|---------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> Maintaining a Healthy Environment | <input type="checkbox"/> Transporting Children Safely | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Safe at the Workplace | <input type="checkbox"/> Transportation Laws & Regulations | |
| <input type="checkbox"/> Proper use of Chemicals | <input type="checkbox"/> Bus Evacuation | |
| <input type="checkbox"/> Equipment Maintance | <input type="checkbox"/> Transportation Plan | |
| <input type="checkbox"/> Keeping the Environment Germ Free | <input type="checkbox"/> Being Safe | |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Driving Safely in the State of Texas | |

Signature

Area Manager's Signature