

Cooks/Cook Aides Individual Professional Development Plan

Cook <input type="checkbox"/>	Cook 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 (other than English)	Ethnicity	Email Address		
Center			Mentor/Supervisor		

EDUCATION BACKGROUND

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) | Field: _____ |
| <input type="checkbox"/> Infant/Toddler Child Development Associate (I/T CDA) | 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 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"/> Food Handlers Certificate | <input type="checkbox"/> Food Buying Guide | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Market Order | <input type="checkbox"/> Personal Hygiene | |
| <input type="checkbox"/> Kitchen Sanitation | <input type="checkbox"/> Temperature Review | |
| <input type="checkbox"/> Portion Control | <input type="checkbox"/> Recipes | |
| <input type="checkbox"/> 1530-1530A Forms | <input type="checkbox"/> Menu | |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Proper Cleaning Techniques | |

Signature

Area Manager's Signature