

Individual Professional Development Plan

School Year:

Time Frame: June 1st - May 31st or July 1st - June 30th

ABC Agency:

ABC Site:

Staff Name:

PDR Number:

Required Content Area	Projected Registration Date	Date of Completion	Hours of Completion
New Staff Orientation (Required by Licensing): - AR New Staff Orientation/Childcare Orientation Training (8 hrs.) - *Refresher Course every 3 years			
CPR/First Aid (Required by Licensing)			
Quality Assessment (*required training): - *Classroom Quality Assessment Training			
Child Assessment (*required training): - *Work Sampling/Ounce for New Staff (12 hours) - Work Sampling/Ounce Refresher (annually) - Other (List name of course and attach course description):			
The following are not required to be completed the first year of professional development planning.			
Child Development and Early Learning Standards (CDELS) (*required training): - *CDELS (21 hours) - Other (List name of course and attach course description):			
Social-Emotional Learning (*required training): - *Pre-K Relationships and Behavior (45 hours) - Conscious Discipline Six-Day Initial Course (36 hours) - Other (List name of course and attach course description):			
Emergent Literacy: - Launchpad (9 hours) - LETRS for Early Childhood Educators (35.5 hours) - Other (List name of course and attach course description):			

Early Childhood Math/Science (*required training): - Pre-K Math and Science (30 hours)* - Other (List name of course and attach course description):			

Additional Training – Select Key Content Area from the drop down menu. List name of course and attach course description:

CLASS® (Classroom Assessment Scoring System) additional training. Name of course and attach course description:

Coaching Plan:

- 1) Training is not considered complete if only partial hours are taken.**
- 2) An updated copy of the Individual Professional Development Plan should be uploaded and maintained in the individual staff record in COPA eDocs.**
- 3) Plans shall be reviewed and updated on an annual basis.**

Supervisor Signature: _____ Date: _____

EC Staff Signature: _____ Date: _____