

Home Based Early Head Start Teacher Professional Development Plan

Name: _____ Area _____ Date _____

Review: Initials _____ Date _____

PD Activity Completed _____

Staff meets qualifications outlined on job description. **Yes** _____ **No** _____

Current Education Status: Check one.

- _____ Home Based CDA
- _____ AA/AAS in Early Childhood
- _____ BA/BS in Early Childhood
- _____ Related Associate Degree
- _____ Related Bachelor's Degree

_____ # of classes in Early Childhood

Parents as Teachers Credential

_____ PAT curriculum subscription and ISR is current

_____ PAT curriculum subscription and ISR needs renewed by _____

Continuing Education Plan (check one)

_____ Not applicable- teacher meets requirements

_____ I will enroll in classes/credentialing process with an anticipated completion date of

_____.

_____ I am currently enrolled in classes/credentialing process with an anticipated completion

date of _____.

_____ I am not planning to pursue additional college/credentialing education at this time

because _____.

Training

____ GOLD Basic Course is completed

____ GOLD Reliability is current

____ SIDS/SBS is current

____ I will complete the Teaching Strategies Gold basic course by _____.

____ I will complete the Teaching Strategies Gold Interrater Reliability Course by _____.

____ I will complete the SIDS/SBS online training by _____.

Ongoing Professional Development Goals (check as many as apply)

Based on evaluation and observation goals, supervisor/coordinator feedback, review of child's outcomes and my self -assessment of skills and interests, during the coming year I would like to develop and/or refine skills in the area(s) of:

_____.

I feel I need:

____ Knowledge ____ Motivation/Desire ____ Skills ____ Exhibit my knowledge & skills

____ read resources

____ attend a training session

____ view a webcast/video

____ enroll in a college class

____ observe another staff member

____ obtain/renew a credential

____ conduct a training

____ consistently practice a self-care technique _____

____ obtain a mentor/coach

Employee Signature

Date: _____

Supervisor Signature

Date: _____