Annual Staff Professional Development Plan

Employee Name: _____ Center's Licensing Dates: _____-_____

Current qualifications:

_____

_____

Annual goal(s) for professional development (areas of suggested growth, skills, and or knowledge):

_____

_____

_____

_____

Annual hours needed (circle one): 18 (F/T): works 25 or more hours per week, at least 2 hours must be in health and safety
9 (P/T): works less than 25 hours per week, at least 2 hours must be in health and safety

Training Course Title	Topic Area	Date(s) Offered	Hours

*** Attach each training certificate to this plan**

CPR expiration: _____ First aid expiration: _____

_____ _____

Employee Signature Date Administrator Signature Date