



Individual Professional Development Plan (Indicator P2.2)

Lead Provider/Lead Teacher Name: _____

Individual Develop ID #: _____

Individual Professional Development Plans must:

- Have at least one goal statement
- At least one strategy/activity to accomplish goal

Goals must include:

- At least one KCF Area related to your goal
- Timeline for completion for each strategy/activity
- Description of how you know your goal is met (document, event, form, etc.)

| | | | |
|--|---|-------------------|-----------------|
| Goal Statement: | | | |
| <u>Knowledge & Competency Framework Area(s):</u> | | | |
| <input type="checkbox"/> I. Child Development and Learning <input type="checkbox"/> II. Developmentally Appropriate Learning Experiences <input type="checkbox"/> III. Relationships with Families <input type="checkbox"/> IV. Assessment, Evaluation, and Individualization <input type="checkbox"/> V. Historical and Contemporary Development of Early Childhood Education | <input type="checkbox"/> VI. Professionalism <input type="checkbox"/> VII. Health, Safety, and Nutrition <input type="checkbox"/> VIII. Application through Clinical Experiences <input type="checkbox"/> XI. Trauma Informed Care and Practice <input type="checkbox"/> X. Working with Multilingual Preschoolers and Their Families | | |
| Steps to Reach Goal | | Start Date | End Date |
| How will you achieve this goal? What steps do you need to take? | | (MM/YYYY) | (MM/YYYY) |
| | | | |
| | | | |
| | | | |
| How Will You Know When Your Goal is Met? (What measurable or visual/concrete example or result will you see?) | | | |
| | | | |