



# Capital Area Smart Start Child Care Center Teacher Professional Development Plan

Date \_\_\_\_\_

## Personal Information

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ County \_\_\_\_\_

## Employment Status

1. What is your current job title? \_\_\_\_\_
2. How many hours do you work per week in the classroom with children? \_\_\_\_\_
3. Beginning date of employment in your current work place? \_\_\_\_\_  
Month Day Year
4. What age groups do you teach? \_\_\_\_\_
5. Number of children in your care? \_\_\_\_\_
6. Number of children your classroom is licensed for? \_\_\_\_\_
7. What is your current hourly salary? \_\_\_\_\_

## Work History

1. How many years have you worked in a child care center? \_\_\_\_\_

2. Work history for the last five years:

From: Month/Year	To: Month/Year	Name and Location of facility or employer
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____

## Education Information

High School	Dates Attended	Diploma? (circle one)	GED? (circle one)
		Yes      No	Yes      No
College/University	Dates Attended	Early Childhood Classes	Credit Hours

1. Do you currently have a CDA? \_\_\_\_\_ Preschool Center-based    Infant/Toddler (circle one)
2. If no, are you currently working towards a CDA? \_\_\_\_\_ Preschool Center-based    Infant/Toddler
3. If you are working towards a CDA, where are you in the process?

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## Professional Goals

In six months from now I would like to be

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One year from now I would like to be

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Two years from now I would like to be

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## Professional Development Plan

In order to achieve my six-month goal I will need:

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In order to achieve my one-year goal I will need:

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In order to achieve my two-year goal I will need:

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### **STATEMENT & SIGNATURE OF APPLICANT**

I understand that the above information will be kept confidential and is to be used to determine future scholarship awards based on this Professional Development Plan.

I attest to the fact that the information I have provided is true and accurate.

I have attached a listing of all the training I have received in the last 3 years.

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Signature of Applicant

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Date