



Capital Area Smart Start Family Child Care Provider Professional Development Plan

Date _____

Personal Information

1. Name _____
2. Home Address _____ Zip Code _____
3. Home Phone _____ County _____
Email Address _____

Employment Status

1. What is the name of your family child care? _____
2. How many hours do you work per week with children? _____
3. Beginning date of employment in your current work place? _____

Month
Day
Year
4. Number of children in your care? _____
5. What are the ages of children in your care? _____
6. Are you _____ Licensed _____ Registered _____ Date _____

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? _____
2. If no, are you working towards that goal? _____
3. If you are working towards a CDA, where are you in the process?

Professional Goals

Six months from now I would like to be

One year from now I would like to be

Two years from now I would like to be

Professional Development Plan

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

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

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

I understand 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 training I have received in the past 3 years.

Signature of Applicant

Date