



## 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