

# INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN 2020

**Each staff person will complete this form please.**

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_ Current Credential Level: \_\_\_\_\_

Date: \_\_\_\_\_ Professional development goal: \_\_\_\_\_

Actions – Strategies:	Potential Barriers and Solutions:	Who’s responsible?	Timeline:	Documentation:
1.				Receipt for registration, Transcript upon completion of this class, Report of learning to my director.
2.				

Class or training identified above:	Date offered:	Explanation of how this will help you meet your professional development goal:
1.		
2.		

*\*If you have more than one professional development goal, please copy this page for your second goal.*

Your request may include for-credit college classes or clock-hour credit trainings (conferences or workshops). Kids First will not pay for required trainings like First Aid/CPR. Include travel, lodging or meal cost if necessary, show detail for these costs. Kids First will not pay for staff time to take classes.

- I understand that funding is available to my program as a reimbursement only for my expenses directly related to the class or training.
- I understand I must submit receipts and a transcript to my employer for this funding.

- I understand that I must apply for a TEACH scholarship before registering for a college class. If denied, I may use Kids First funds (denial email /letter must be attached).
- I understand that I will write a report (<1 page) on each training describing what I learned, who I shared it with and how it increased quality in my classroom.
- I have read and signed the employment/repayment agreement – attached.
- My director has reviewed this with me and approved the professional development I would like to take.**
- Directors: Are you using any Colorado Shines funding for professional development? If yes, please indicate this as a match in your grant application.**

Teacher Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_