



# The Children's Courtyard

## Teacher Professional Development Plan

<b>Name:</b>	<b>Center:</b>	<b>Current Position:</b>
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**Attach all supporting documentation to verify level(s) attained.**

<input type="checkbox"/> Associate's or higher degree in early childhood education, child development-family studies, early childhood special education or elementary education w/concentration in ECE or equivalent   OR <input type="checkbox"/> Working on same
<input type="checkbox"/> Associate's or higher degree outside of early childhood field and three or more years of work experience in a NAEYC-accredited program   OR <input type="checkbox"/> Working on same
<input type="checkbox"/> Associate's or higher degree outside of early childhood field with three or more years of work experience in a nonaccredited program and at least 30 contact hours of relevant training during that past three years   OR <input type="checkbox"/> Working on same
<input type="checkbox"/> 12 semester credit hours in child development, early childhood education, or early childhood special education   OR <input type="checkbox"/> Working on same
<input type="checkbox"/> CDA Credential   OR <input type="checkbox"/> Working on same

## 5 Year Plan for Teacher Qualifications

List classes in order in which they will be completed

<b>YEAR 1</b> _____ Completed _____ Documentation on file _____ Initials of reviewer _____ Date reviewed	
<b>YEAR 2</b> _____ Completed _____ Documentation on file _____ Initials of reviewer _____ Date reviewed	
<b>YEAR 3</b> _____ Completed _____ Documentation on file _____ Initials of reviewer _____ Date reviewed	
<b>YEAR 4</b> _____ Completed _____ Documentation on file _____ Initials of reviewer _____ Date reviewed	
<b>YEAR 5</b> _____ Completed _____ Documentation on file _____ Initials of reviewer _____ Date reviewed	

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**Employee Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Supervisor Signature**

\_\_\_\_\_

**Date**