

Professional Development Plan

Now that you've taken the <u>Individual Training Needs Assessment</u> that is designed to help you assess your needs and assess the professional learning in which you will take on, the next step is to plan education and training related to the Minnesota's Knowledge and Competency Framework (KCF) content areas. In order to complete this form, you will need to have your Achieve - The MN Center for Professional Development Career Lattice Step.

Name:	Date:			
Address:				
Telephone:				
Job Title:	Program Name:			
Minnesota Career Lattice Step (circle one): F 1 2 3 4 5 6 7 8 9a 9b 9c 9d 10a 12c 12d	Foundational Awareness, 10b 10c 10d 11a 11b 11c 11d 12a 12b			
 Based on my Career Goals, my educational g Move up the Career Lattice National Child Development Associate (CDA) AssociateDegree Bachelor Degree 	 Masters' Degree Doctorate Degree Achieve Trainer Approved Trainer Renewal Other (please specify): 			

Training and Education Action Plan

Now that you know have career goals, know the gaps in your training and educational activities you need to help achieve your goals, this template will be helpful in planning your education and training activities. This Professional Development Action Plan will help you close the educational gaps and help you move closer to your realizing your dream.

An example on how to complete the plan

KFC Content Area	Activities	Resources/Supports Needed	Timeline/Start Date	Status or Date Completed
Example: II.A. Creating Positive Learning Experiences	Take an Achieve approved course listed on the Develop website	Registration fees, travel to training	Thursday, March 16, 2017	
	Reflective supervision (work with my supervisor to receive coaching in the classroom)	My supervisor's time	April - May 2017	
	Take the "Learning Environment and Curriculum" college class at Dakota County Technical College	Will need tuition money, release time	January – May 2017	

KCF Content Area	Activities		Status/Date Completed

Professional Development Plan Review (Optional)

Reviewer Name:_____

Review Date: _____

Job Title: _____

Program Name: _____

Review (check one):

- Initial
- □ Quarterly
- □ Semi-Annual
- Annual
- □ Other (specify): _____

Reviewers Comments:

Achieve Professional Development | 1/2017