

**Community Action Team, Inc.**  
**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
Professional Development Plan

Name \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Center \_\_\_\_\_

MY STRENGTHS ARE:

Professional areas I would like to be more intentional (want to learn more about, do it more often, do it better, or do it differently). Refer to job description, observations, etc. :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I know I will meet this when (My goal -what will I be doing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps to reach my goal:

Projected date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This plan was developed to assist me in reaching my professional goal and I will work to meet the timelines I have established. I will revise my plan as needed and, at a minimum, will update it annually and submit to Admin.

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Signature

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Date

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Revision/Update Signature

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Date

I have reviewed this development plan with \_\_\_\_\_ and provided technical assistance as needed.

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Leadership Member

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Date