List school district name here
 Parents as Teachers Missouri Curriculum Partner

Insert your school district logo here

 **PROFESSIONAL GROWTH PLAN**

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| DIRECTIONS: Complete annually. |
| **PLAN INFORMATION** |
| PARENT EDUCATOR LAST NAME | PARENT EDUCATOR FIRST NAME | YEAR |
| PROGRAM SUPERVISOR LAST NAME | PROGRAM SUPERVISOR FIRST NAME |
| **CORE COMPETENCY FRAMEWORK** |
| AREA OF FOCUS THIS PROGRAM YEAR 1. Infant and Early Childhood Development 6. Community Resources and Support  2. Child Health, Safety and Nutrition 7. Relationship-Based Family Partnerships 3. Parent-Child Interactions 8. Cultural and Linguistic Responsiveness 4. Dynamics of Family Relationships 9. Effective Home Visits 5. Family Health, Safety and Nutrition 10. Professional Practice  |
| PLAN TO ACHIEVE REQUIRED 20 HOURS OF PROFESSIONAL DEVELOPMENT |
| **GOAL** |
| BEFORE WRITING YOUR GOAL, CONSIDER THE FOLLOWING TO VERIFY YOUR GOAL IS **SMART****S**pecific: What exactly will you accomplish?**M**easurable: How will you know you have reached this goal?**A**chievable: Is achieving this goal realistic with effort and commitment?**R**elevant: Why is this goal important to you?**T**imely: When will you achieve this goal?Goal Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TIMELINE | ACTION STEPSWhat needs to happen? | RESOURCES NEEDEDWho can help?What do they offer? | REVIEWWhen will we check progress? | PROGRESS MADEWhat has happened towards this goal? |
| TODAY’S DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | WHAT WILL YOU DO NOW |  | DATE (OCT.) | OCTOBER REVIEW |
| TARGET DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | WHAT WILL WE DO LATER | DATE (JAN.) | JANUARY REVIEW |
| DATE (APR.) | APRIL REVIEW |

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| **PROFESSIONAL DEVELOPMENT (PD) HOURS LOG** |
| DATE | TITLE | BRIEF DESCRIPTION | SOURCE | NUMBER OF HOURS |
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| **FAMILY PERSONAL VISITS COMPLETED** |
| MAY/JUNE |  | SEPTEMBER |  | DECEMBER |  | MARCH |  |
| JULY |  | OCTOBER |  | JANUARY |  | APRIL |  |
| AUGUST |  | NOVEMBER |  | FEBRUARY |  | MAY |  |
| **SIGNATURES** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Educator Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Supervisor Signature Date |