



Iowa Department of Human Services
Professional Development Plan

Name _____

My Strengths

At the present time, I believe that my professional strengths include:

What do I do or know that demonstrates these strengths?

Areas Needing Improvement

At the present time, I believe that my caregiving abilities could improve in the following areas:

My Plan for Future Development

In order to address the areas needing improvement, I plan to take courses in the following areas:

Training Category	Title of Training	Who will provide this training?	What I will know or be able to do as a result of this training?

Choose from the following training categories:

- Planning a safe, healthy environment to invite learning
- Steps to advance children's physical and intellectual development
- Positive ways to support children's social and emotional development
- Strategies to establish productive relationships with families
- Strategies to manage an effective program operation
- Maintaining a commitment to professionalism
- Observing and recording children's behavior
- Principles of child development and learning

Signature	Date
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