Annual Staff Professional Development Plan

| Employee's Name: | Center's Licensing Dates: | | | | | |
|---|---------------------------|--------------------|---------------------------|-----------|-----------------|--|
| Current Delaware First Qualific | eation: | | | | | |
| Annual goal(s) for professional Delaware Stars programs should lin Delaware Competencies for Early Capplicable. | ık annual goals fo | or professional de | velopment with self-a | ssessment | using the | |
| Annual hours needed (circle one): Center/SA: 18 (F/T): works 25 or mo | _ | | | | | |
| Training Course Title | Торю | e Area | Date(s) Offered | Hou rs | Date Complet | |
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| * Attach each training certific | ate to this plan | 1. | | | | |
| CPR expiration: | | First aid e | First aid expiration: | | | |
| Employee's Signature | Date | Administr | Administrator's Signature | | Date | |