

## Annual LFCCH Professional Development Plan

Employee's Name: \_\_\_\_\_ LFCCH's Licensing Dates: \_\_\_\_\_ - \_\_\_\_\_

Annual goal(s) for professional development (areas of suggested growth, skills, and or knowledge):

**Delaware Stars programs should link annual goals for professional development with self-assessment using the Delaware Competencies for Early Childhood Professionals and Environment Rating Scale classroom scores if applicable.**

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**15 annual hours needed.**

Training Course Title	Topic Area	Date(s) Offered	Hou rs	Date Comple

**\* Attach each training certificate to this plan.**

CPR expiration: \_\_\_\_\_

First aid expiration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_