



EPS of WMA Region 1 - INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name: _____ Date: _____ New IPDP Updated IPDP

Telephone #: _____ Email: _____

Program & City/Town: _____ PQ Registry ID#: _____ Exp. Date: _____

Program Number: _____ Work Phone Number: _____

Program QRIS Level: None 1 2 3 4 5 Supervisor: _____

Current employment setting: Group Child Care Family Child Care Out-of-School Time Other: _____

Current job position: Teacher Asst. Teacher Lead Teacher Director
 Group Leader Site Coordinator Other: _____

Current level of education: High School degree Some college Associate's degree Bachelor's degree Master's degree

Area of concentration/degree: _____

Current credentials or certifications in Early Childhood Education/Out-of-School Time or related field:

EEC Teacher Certificate (I/T, P, OST) EEC Lead Teacher Certificate (I/T or P) EEC Director I Certificate CDA credential
 EEC Director II Certificate Family Child Care (FCC) License EEC Group Leader (OST)

Check the Professional Development goal(s) you would like to work towards in the next year:

Adult Basic Education Goals:

GED/HiSET ESOL High School Degree

Earn degree in Early Childhood Education/Out-of-School Time or related field:

Associate's degree Bachelor's degree Master's degree

Earn credential or certification in Early Childhood Education/Out-of-School Time or related field:

CDA credential for FCC EEC Teacher PS Certification EEC Lead Teacher I/T Certification
 CDA credential for (I/T, P) EEC Teacher I/T Certification EEC Director I Certificate
 Family Child Care License EEC Lead Teacher PS Certification EEC Director II Certificate

Specific Core Competency Focus Area (Choose 1 or 2)

1. Understanding Growth and Development of Children & Youth 5. Learning Environments and Curriculum
 2. Guiding and Interacting with Children and Youth 6. Observation, Assessment, & Documentation
 3. Partnering with Families and Communities 7. Program, Planning and Development
 4. Health, Safety, and Nutrition 8. Professionalism and Leadership

Increase knowledge and skills in the following areas: (check all that apply)

Science, Technology, Engineering, Mathematics (STEM) Learning Infant, Toddler and Preschool Guidelines Assessment/Screening Tools
 Common Core/Curriculum Frameworks Strengthening Families Frameworks School-Age Development
 Increase my English language skills Dual Language Learners (Birth-5) Leadership
 Increase my college readiness skills Diverse Learners QRIS Tools

Check the Professional Development goal(s) you would like to work towards within the next 5-10 years:

Associate's degree Bachelor's degree Master's degree
 CDA credential Increased competency with specific focus area Other: (please specify)
 EEC certificate Advance to higher level position

If your program is working on advancing to a higher level in QRIS, make note of that and review with your supervisor/director how your individual goals are related to the program goals and overall progress in advancing better classroom practice. Please check off any of the following goals your program is working towards:

- | | | |
|--|---|---|
| <input type="checkbox"/> Staff and Family Surveys (Level 3 and above) | <input type="checkbox"/> Health and Safety Self-Assessment | <input type="checkbox"/> Health Consultant Site Visit |
| <input type="checkbox"/> Business Administration Scale (BAS) | <input type="checkbox"/> Program Administration Scale (PAS) | <input type="checkbox"/> Business Plan |
| <input type="checkbox"/> Strengthening Families | <input type="checkbox"/> Environment Rating Scales (ERS) | <input type="checkbox"/> Arnet/CLASS |
| <input type="checkbox"/> Supporting Educators in Professional/Academic advancement | <input type="checkbox"/> Other: (please specify) _____ | |

MOU Statement: *The undersigned employee agrees to work toward the goals set forth in this IPDP in the next year. The undersigned supervisor agrees to support the employee in achieving them, including **(check all that apply)**:*

- | | | |
|--|---|---|
| <input type="checkbox"/> Support finding training/PD | <input type="checkbox"/> Funding for training/PD fees | <input type="checkbox"/> Compensation for time in training/PD |
| <input type="checkbox"/> Coaching/mentoring support | <input type="checkbox"/> Incentives for completing a goal | <input type="checkbox"/> Other _____ |

Educator Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Coach/Mentor Signature (if applicable): _____ **Date:** _____

IPDP Re-assessment dates/Completed By: (document must at least be updated annually)

Re-assessment dates:	Updated by:		
	Educator	Supervisor	Coach
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

Use this section to list the professional development opportunities in which you plan to participate. Available courses can be found on EEC's Professional Development Calendar (<http://www.eec.state.ma.us/ProfessionalDevelopment/WebFindTraining.aspx>) and can be accessed through your Registry account.

Course Title/Activity	Timeframe/ Semester	Location, Dates, and College/Training Agency	Professional Development Goal		Funding Source & Cost to Educator	Goal Met
			Degree ¹	Competency ²		
<input type="checkbox"/> Activity (Specify) <input type="checkbox"/> College Course <input type="checkbox"/> CEU Course	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Date: _____ End Date: _____	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> CDA <input type="checkbox"/> Certification	<input type="checkbox"/> Area 1 <input type="checkbox"/> Area 5 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 6 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 7 <input type="checkbox"/> Area 4 <input type="checkbox"/> Area 8		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Activity (Specify) <input type="checkbox"/> College Course <input type="checkbox"/> CEU Course	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Date: _____ End Date: _____	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> CDA <input type="checkbox"/> Certification	<input type="checkbox"/> Area 1 <input type="checkbox"/> Area 5 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 6 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 7 <input type="checkbox"/> Area 4 <input type="checkbox"/> Area 8		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Activity (Specify) <input type="checkbox"/> College Course <input type="checkbox"/> CEU Course	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Date: _____ End Date: _____	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> CDA <input type="checkbox"/> Certification	<input type="checkbox"/> Area 1 <input type="checkbox"/> Area 5 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 6 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 7 <input type="checkbox"/> Area 4 <input type="checkbox"/> Area 8		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Activity (Specify) <input type="checkbox"/> College Course <input type="checkbox"/> CEU Course	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Start Date: _____ End Date: _____	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> CDA <input type="checkbox"/> Certification	<input type="checkbox"/> Area 1 <input type="checkbox"/> Area 5 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 6 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 7 <input type="checkbox"/> Area 4 <input type="checkbox"/> Area 8		<input type="checkbox"/> Yes <input type="checkbox"/> No

Which Coaching Supports will you participate in this year?

- | | | |
|---|---|--|
| <input type="checkbox"/> IPDP Monitoring | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Individual Coaching/Mentoring |
| <input type="checkbox"/> Group Coaching/Mentoring | <input type="checkbox"/> Academic Advising (by college advisor) | <input type="checkbox"/> Other _____ |

What are your barriers?

What supports do you need?

¹ For educators working towards a degree in ECE or a related field not all of their professional development will fit into one of the core competency area, for example general education courses necessary for degree completion may not have a corresponding competency area. Please select degree category only for this type of professional development.

² Area 1: Understanding the Growth and Development of Children and Youth, Area 2: Guiding and Interacting with Children and Youth, Area 3: Partnering with Families and Communities, Area 4: Health, Safety, and Nutrition, Area 5: Learning Environments and Curriculum, Area 6: Observation, Assessment, and Documentation, Area 7: Program, Planning and Development, Area 8: Professionalism and Leadership