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 STEPS  What needs to happen? | RESOURCES NEEDED  Who can help? What do they offer? | | REVIEW When will we check progress? | PROGRESS MADE What 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 | | | | | | | | | | |