



## PROFESSIONAL GROWTH PLAN AND RECORD FORM

### *For Child Development Permits with CARES Plus Goals*

Please fill out this form completely. Before you begin, please read the instructions in the Professional Growth Manual. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name: \_\_\_\_\_  
Last
First
Middle

2. Home Address: \_\_\_\_\_  
Number
Street
Apt. No.

\_\_\_\_\_

City
State
Zip Code

3. Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. List each credential and/or permit you hold:	Expiration Date:
_____	_____
_____	_____
_____	_____
_____	_____

6. List each professional growth advisor who has advised you.

First Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_

Credential /Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_

Second Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_

Credential/Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_

Third Advisor \_\_\_\_\_ Approximate Dates of Service \_\_\_\_\_

Credential /Permit Held \_\_\_\_\_ Credential/Permit Number \_\_\_\_\_

Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

Professional Growth Activities (by goal number and category)			Approval of Planned Activities		Verification of Completed Activities	
11. Professional Growth Activities	12. Goal Number(s)	13. Category (two minimum)	14. Date Activity Approved	15. Advisor's Initials	16. Time Spent (in hours)	17. Advisor's Initials and Date
<i>Make additional copies of this form if necessary</i>					<b>(18) Total Hours Spent</b> _____	

**19. Certification of Initial Plan by Advisor**

I certify that, to the best of my knowledge, the plan activities comply with state laws and regulations.

\_\_\_\_\_

Advisor's NameAdvisor's SignatureDate

**20. Verification by Credential Holder**

Under penalty of perjury, I certify that, to the best of my knowledge, the information on this form is accurate.

\_\_\_\_\_

Permit Holder's SignatureDate

**21. Verification of Completion**

I certify that I have been this permit holder's advisor, and that, to the best of my knowledge, the above information is accurate.

\_\_\_\_\_

Advisor's NameAdvisor's Signature

\_\_\_\_\_

Name of Employing AgencyDaytime Telephone NumberDate of Verification

**CARES Plus Goals**

Please identify 2 CLASS Dimensions that will be focused on during this year's training activities.

Date and Advisors initials of approval	CLASS Dimension Identified	Goal(s)	Outcome, dated and initialed by Advisor