



NM PreK Professional Development Plan



Staff name:	Date:
Position:	Date of hire:
Program:	Site (if applicable):

Current Education: Highest Level of Education (check one)

<input type="checkbox"/> High School/GED	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's
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Current License: Be prepared to provide evidence upon request not licensed

Type:	Select: Level 1 Level 2 Level 3
License Number:	Expiration date:

Fall Professional Development Plan - Year: _____

1. _____
2. _____
3. _____

Spring Professional Development Plan - Year: _____

1. _____
2. _____
3. _____

Summer Professional Development Plan - Year: _____

Plan to register and enroll Will not be taking summer courses

ECECD-SCHOLARSHIP

I am currently on SCHOLARSHIP Interested in SCHOLARSHIP NOT Interested in SCHOLARSHIP

PreK/Early PreK Staff Signature Date

PreK Administrator Signature Date

ALL COURSEWORK AND FINAL GRADES MUST BE ENTERED INTO EPICS WITHIN 5 DAYS OF RECEIVING GRADES FROM INSTITUTION