

**KIDS NOW Scholarship Program Professional Growth Plan**

**1.Scholar's Name:**

<b>Last</b>	<b>First</b>	<b>MI</b>
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**2.Home Address:**

**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_

**3.Social Security #:** \_\_\_\_\_ **Date of Birth:** / / **Phone:** ( ) - \_\_\_\_\_

**4. Employer's Program Name:** \_\_\_\_\_  
**Phone # (see #20):** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State and Zip Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**5.Name of person authorized to disburse funds:**

\_\_\_\_\_

**6.Please check (or bold) highest level of education at first contact:**

- Less than High School
- G.E.D.
- High School Diploma
- C.D.A. Certificate
- A.A. Degree
- B.A./B.S. Degree
- Masters & Above
- Other \_\_\_\_\_

**7.Please check all professional development educational goals:**

	<i>Anticipated Date of Completion: Month/Year</i>
G.E.D.	
Entry Level Certificate	
C.D.A. Credential	
Technical College Diploma Program	
A.A. Degree in Early Childhood	
Bachelor's Degree in Early Childhood	
Director's Certificate	
Trainer's Certificate	

**8. Are you currently enrolled in an approved Early Childhood Program as defined by the Early Childhood Development Authority?**

- Yes (if yes, skip to 11)
- No

**9. If no, have you been admitted to the college or university?**

- Yes
- No

**10. Have you applied for admittance?**

- Yes Beginning which term? Date:
- No

**11. Which College or university?** \_\_\_\_\_

**12. Please provide the name of your college or university adviser:**

**Phone #:** \_\_\_\_\_

**13. Have you been provided a program of study by the college or university?**

- Yes (Please attach a copy)  
Type of certificate, credential or degree: \_\_\_\_\_
- No

**14. My Professional Development Growth Goal(s) For the Next Twelve Months Are :**

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**Using the topic areas listed below, please answer the following 3 questions:**

- |                             |                           |
|-----------------------------|---------------------------|
| Child Development           | Health/ Safety/ Nutrition |
| Professionalism             | Learning Environment      |
| Formal/ Informal Assessment | Collaboration             |
| Program Management          | Technology                |

**15. What are your areas of strength?**

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16. I would like to improve in:

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17. In the next 12 months, I will take the following steps toward improvement:  
(Identify workshops, classes, mentoring, observations, portfolio development, etc.)

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I authorize my CCR&R Professional Development Counselor to contact the college or university listed above for the purposes of the KIDS Now Scholarship Program and the completion of my Professional Development Plan.

19. Scholar Signature

Date:

18. PD Counselor Signature:

R&R:

Date:

20. If Employer listed on application has changed since last award, please update:

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2nd Employer's Program Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Person authorized to disburse funds: \_\_\_\_\_

PD Counselor Signature:

R&R:

Date:

**3rd Employer's Program Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State and Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Person authorized to disburse funds:** \_\_\_\_\_

**PD Counselor Signature:** \_\_\_\_\_

**R&R:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**4th Employer's Program Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State and Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Person authorized to disburse funds:** \_\_\_\_\_

**PD Counselor Signature:** \_\_\_\_\_

**R&R:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **KIDS NOW Scholarship Program Professional Growth Plan**

The purpose of the Professional Growth Plan is to provide the scholar with a tool to examine and plan their unique path through the early childhood professional lattice . The Professional Development Counselor will help set the stage for the scholar's motivation. By examining the scholar's strength's and area's for growth, the PD can promote purposeful training and education choices toward early childhood professional growth.

The form will also provide data around regional and statewide early childhood educational program use, and staff turnover with increased education.