

# Educator Profile & Individual Professional Development Plan (IPDP)



## Educator Information

_____	_____	_____	
First Name	Last Name	PQ Registry ID# (required)	
_____	_____	_____	_____
Home Address	City/Town	State	Zip Code
_____	_____	_____	
Home Phone	Cell Phone	Email	
Primary Language: _____		Secondary Language: _____	
		Birth date: _____	

## Employment Information

_____		_____	_____
Provider/Program Name		Town	Program #
_____	_____	_____	
Phone	Fax	Email	
_____		_____	_____
Current Job Title/Role		# Years in this Position	Age group(s)
Select Program Type:			
<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group Child Care	<input type="checkbox"/> Residential and Placement	
<input type="checkbox"/> School Age (OST)	<input type="checkbox"/> Head Start	<input type="checkbox"/> Early Intervention	
<input type="checkbox"/> Public School Preschool	<input type="checkbox"/> Family Child Care System	<input type="checkbox"/> Other, specify: _____	

## Employment History

Number of Years in the field:	
<input type="checkbox"/> Less than 1 year	
<input type="checkbox"/> 1 – 5 Years	
<input type="checkbox"/> 6 – 10 years	
<input type="checkbox"/> 11 - 20 years	
<input type="checkbox"/> More than 20 years	
Positions held (check all that apply):	
<input type="checkbox"/> Assistant Director	<input type="checkbox"/> Assistant Group Leader
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Director
<input type="checkbox"/> FCC Assistant	<input type="checkbox"/> FCC Provider
<input type="checkbox"/> Group Leader	<input type="checkbox"/> Lead Teacher
<input type="checkbox"/> Teacher	<input type="checkbox"/> Site Coordinator
<input type="checkbox"/> Other: specify: _____	

## Education/Professional Development History

Identify level of education completed (check all that apply):	
<input type="checkbox"/> High school diploma or GED	
<input type="checkbox"/> Some college	
<input type="checkbox"/> Associate's degree in ECE or related field	
<input type="checkbox"/> Associate's degree in unrelated field	
<input type="checkbox"/> Bachelor's degree in ECE or related field	
<input type="checkbox"/> Bachelor's degree in unrelated field	
<input type="checkbox"/> Graduate studies/degree in ECE or related field	
<input type="checkbox"/> Graduate studies/degree in unrelated field	
Identify EEC qualification completed (check all that apply):	
<input type="checkbox"/> Infant-Toddler Teacher	
<input type="checkbox"/> Preschool Teacher	
<input type="checkbox"/> Infant-Toddler Lead Teacher	
<input type="checkbox"/> Preschool Lead Teacher	
<input type="checkbox"/> Director I	
<input type="checkbox"/> Director II	
<input type="checkbox"/> Other: _____	

Educators must be registered to access EEC funded professional development resources. Visit <https://www.eec.state.ma.us/PQRegistry/>

**Long Term Goals** (Use additional IPDP worksheets as needed.)

On this page, record what your long term goals are as you think about your ECE/OST career over the next **three to five years**. If your program is working on advancing to a higher level of QRIS, take note and review with your supervisor/director/team how your individual goals are related to the program's overall progress. Fill in circles for QRIS-related goals.

 **Adult Education, ESOL, GED and/or Preparation for College (developmental courses):**

Please specify course(s): \_\_\_\_\_ Name of school/program: \_\_\_\_\_

 **Advance to next level of QRIS (Program Goal)** (Worksheet #1) \*
 QRIS Level 2

 QRIS Level 3

 QRIS Level 4

 **Increase knowledge and skills in a specific Core Competency Area or Focus Area** (Worksheet #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

 **Earn or work towards a CDA or other certificate (offered at some colleges)** (Worksheet #3) \*
 CDA Credential for family childcare

 CDA Credential for classroom teacher

 Infant-Toddler Certificate

 Administration Certificate

 School-age / OST certificate

 Special Education Certificate

 Other, please specify: \_\_\_\_\_

Name of school or training program: \_\_\_\_\_

 **Earn or work towards an EEC credential** (Worksheet #4) \*
 Teacher  Infant-Toddler  Preschool

 Lead Teacher  Infant-Toddler  Preschool

 Director I

 Director II

 **Earn or work towards a college degree** (Worksheet #5) \*
 Associate's degree

 Bachelor's degree

 Master's degree

 Other, please, specify: \_\_\_\_\_

Field of Study: \_\_\_\_\_ School: \_\_\_\_\_

\* Fill in circle if personal goal is related to advancement of your program to the next level of QRIS.

**Short Term Goals** (Professional Areas for Improvement)

On this page, record what your short term goals are for the next **one to two years**. You should review with your supervisor/director/team how your individual goals are related to the program's overall goals for this period.

1. Did you meet last year's goals?  No  Yes  Exceeded  N/A

2. Choose at least two content areas in which to improve knowledge and/or expertise and fill in details below.  
List specific activities or courses related to each area.  
For each area, indicate reason and timeline in boxes to right.

**Reason for choice:**  
1 = personal growth/knowledge  
2 = career advancement/education  
3 = required for QRIS or licensing  
4 = program plan for advancement

**Timeline**  
A = fall \_\_\_\_\_  
B = spring \_\_\_\_\_  
C = fall \_\_\_\_\_  
D = spring \_\_\_\_\_

	Reason	Timeline
<input type="checkbox"/> _____ <input type="checkbox"/> workshop(s) <input type="checkbox"/> professional conference(s) <input type="checkbox"/> Formal training (CEU, PDP, ESE, CEC, other) <input type="checkbox"/> College course Specify course: _____ Name of school/program: _____		
<input type="checkbox"/> _____ <input type="checkbox"/> workshop(s) <input type="checkbox"/> professional conference(s) <input type="checkbox"/> Formal training (CEU, PDP, ESE, CEC, other) <input type="checkbox"/> College course Specify course: _____ Name of school/program: _____		
<input type="checkbox"/> _____ <input type="checkbox"/> workshop(s) <input type="checkbox"/> professional conference(s) <input type="checkbox"/> Formal training (CEU, PDP, ESE, CEC, other) <input type="checkbox"/> College course Specify course: _____ Name of school/program: _____		
<input type="checkbox"/> _____ <input type="checkbox"/> workshop(s) <input type="checkbox"/> professional conference(s) <input type="checkbox"/> Formal training (CEU, PDP, ESE, CEC, other) <input type="checkbox"/> College course Specify course: _____ Name of school/program: _____		
<input type="checkbox"/> _____ <input type="checkbox"/> workshop(s) <input type="checkbox"/> professional conference(s) <input type="checkbox"/> Formal training (CEU, PDP, ESE, CEC, other) <input type="checkbox"/> College course Specify course: _____ Name of school/program: _____		

**Other**

Use this page to record information about other goals you would like to pursue as part of your ongoing professional development and ECE/OST career planning. Make note of the date when you will review your progress with your supervisor/director/team or your mentor/coach.

List three specific skills you would like to gain through experience, coaching, and/or training.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Are you aware of coaching/mentoring opportunities available through your program or system?  yes  no

What kinds of coaching/mentoring do you feel you might need to meet your goals?

\_\_\_\_\_

**Implementation**

List three first steps you will take to implement this plan.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

MOU (Memorandum of Understanding):  MOU with coach/mentor  MOU with program/employer

**Comments and Recommendations**

- Initial Plan
- Plan on target
- Changes in Plan

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (see attached)

Date of Anticipated Review: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_