



COLLIER CHILD CARE TRAINING & RESOURCE CENTER
INDIVIDUAL CAREER PLAN (I.C.P)

Employee Name: _____ Social/Student ID # _____
 Address: _____ City _____ Zip _____ Phone # _____
 Date of Birth: _____ Gender: ____ Ethnic Background: (Circle) White Black Hisp Other
 Income Level: (Circle One) Below Poverty At Poverty Middle Income Upper Income
 Program where you work? _____ How Long? _____
 Did you work in child care previously? _____ If so, where? _____
 How long have you worked in the child care industry? _____
 Position: _____ Age of Children You Care For: _____
 Primary Language: _____ Secondary Language: _____

**** Your demographic information will remain confidential. It is a requirement from our funders to collect and track demographic information to compile statistics only and to ensure future funding to this program.**

EDUCATIONAL BACKGROUND

Degree	Specialty	Yes/ Year	No	In Process	Year Expires	Comments
High School Diploma						
GED	_____ English _____ Spanish					
DCF 40 hours Certification						
Other Training	CPR ____ First Aid ____ Blood Born Path ____					
National CDA/ FCCPC/ ECPC	Infant/Toddler					
	Preschool					
	Dual					
	Monolingual –Infant/Toddler					
	Monolingual – Preschool					
A.A. or A.S.	Major: _____ College: _____					
B.A. or B.S	Major: _____ College: _____					
Advanced Degrees						
Other/Specialty						

Long Term Professional Development Goals

Employee Name: _____ Position: _____

Current Higher Educational Activity

Currently Enrolled at (College/School): _____

Degree/Credential Program: _____

Classes Now Enrolled In: _____

Classes / # Credits Completed: _____

Expected Completion Date: _____

Current Financial Aid: _____ Pell Grant _____ T.E.A.C.H _____ PERKS
_____ RCMA 50% _____ Self _____ NCEF

Other: _____

Short Term Professional Development Goals

Goals for 20____

Action Steps	Timeline	Progress Toward Goal	Supervision Review Comments	Date
1.				
2.				
3.				

Summary (Completed at the end of the program year)

Goals for the Next Program Year

Employee Signature: _____ Date: _____

Professional Development Director Signature: _____ Date: _____

Center Director/Supervisor Signature: _____ Date: _____