Part 3: EI/ECSE Related Services Reauthorization
Professional Development Plan

This form is to be used to document your professional development activities submitted with the EI/ECSE Reauthorization Application and Self-Evaluation.

Name: __________________________ Supervisor: __________________________
Contractor: ______________________ Subcontractor: ______________________

1. Competency Areas your Professional Development Plan will Address - check all areas targeted from your EI/ECSE Self-Evaluation. (Reminder: Competencies rated with a 1 or 2 on your Self-Evaluation should be your highest priorities.)

Related Services Reauthorization

- Area 1: Assessment
- Area 2: Family
- Area 3: Service Delivery
- Area 4: Service Coordination
- Area 5: Research, Professional Development, Values and Ethics
- Area 6: Other

Signature: __________________________ Date: ________
Supervisor’s Signature: __________________________ Date: ________