Part 3: EI/ECSE Specialist and Supervisor
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: ______________________
Check One: ___ EI/ECSE Supervisor ___ EI/ECSE Specialist

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.)

Supervisor and Specialist Reauthorization

- Area 1: Typical/Atypical Child Development
- Area 2: Assessment
- Area 3: Family
- Area 4: Service Delivery
- Area 5: Program Management
- Area 6: Service Coordination
- Area 7: Research
- Area 8: Professional Development/Values/Ethics
- Area 9: Other

Signature: ____________________________ Date: __________
Supervisor’s Signature: ____________________________ Date: __________