## Staff Study Plan

# *Revised 04/2020*

To be completed for any **Lead/Head Teacher not** professionally/permanently certified in **Early Childhood Education (B-2)**

Voluntary Registration of Nonpublic Nursery Schools and Kindergartens

|  |  |
| --- | --- |
| School Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Name *(Lead/Head Teacher of 3-5-year-olds)* |  | Age(s) Currently Teaching |  |

|  |  |
| --- | --- |
| Overall Education & Employment Goal(s) |  |
| Areas of Interest |  |
| Areas in Need of Improvement |  |

Continuing Education Plan to Address Areas Identified Above:

|  |  |  |
| --- | --- | --- |
| Topic | Source of Training | Projected Time Frame |
|  |  |  |
|  |  |  |
|  |  |  |

Certifications

*I verify that the above information represents my intentions to improve my professional expertise and/or obtain professional/ permanent teaching certification.*

**Staff Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I verify that I have reviewed and approved this study plan and will submit updates yearly with the Annual Report.*

**Ed. Director Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **SED USE ONLY** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REVIEWER COMMENTS** |  | **DATE** |  |
| **REVIEWER COMMENTS** |  | **DATE** |  |