

To Be Completed by Director

Facility Name: _____	Classroom Age Level (check one):
Facility MDH License Number: _____	<input type="checkbox"/> Infants
Employee Name: _____	<input type="checkbox"/> Toddlers
	<input type="checkbox"/> Preschool-Aged Children

Minimum training requirements for teaching staff (Check one for entire center):

<input type="checkbox"/> 1-STAR 15 General	<input type="checkbox"/> 2-STAR 15 General	<input type="checkbox"/> 3-STAR 8 General/ 10 Age-Specific	<input type="checkbox"/> 4-STAR 10 General/ 10 Age-Specific	<input type="checkbox"/> 5-STAR 15 General/ 10 Age-Specific
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Schedule Training for Employee

Refer to most recent employee evaluation and upcoming early childhood workshops to select training events appropriate for this employee.

Certificate Attached	Date(s)	Hours		Title
		General	Age-Specific	
Total Hours				

To Be Completed by the Director and Teacher

We have discussed and agreed upon this plan for professional development during the coming year.

Signature _____ (Director) Date _____

Signature _____ (Teacher)