



Child Development Home Professional Development Self-Assessment

Provider Name _____

Degrees and Credentials

List all academic degrees and credentials that you have received.

Degree/Credential	Awarding Institution	Date Awarded

Professional Development Activities

List all trainings you have completed in the last 2 years.

Training category (choose only from the list below)	Title of Training	Training Organization	Dates of class	No. of training hours

Choose from the following training categories:

- Health, safety, and nutrition
- Child growth and development
- Child observation and assessment
- Interactions with children
- Learning experiences and environment
- Families and communities
- Program management
- Professional development
- Child abuse and neglect mandatory reporter
- First aid
- CPR/rescue breathing
- Child Net
- Welcome to School Age Care
- Program for Infant and Toddler Caregivers

Provider Signature

Date