

Ohio Department of Job and Family Services
PROFESSIONAL DEVELOPMENT PLAN FOR STEP UP TO QUALITY (SUTQ)

Professional Name	Date of Hire	Date the Plan was Developed/Updated
Position	Area of Specialization/Age Group	
<i>Please note: If your program chooses to complete both the Year One and Year Two sections at the beginning of year one, you will still need to complete an annual update.</i>		
YEAR ONE - Individualized Performance Goal (required for all star rating levels)		
Annual Professional Development Performance Goal (This includes an activity or action that increases the individual's knowledge in caring for children.)	Timeline	
Action Steps Needed to Support Professional Development Performance Goal		

Goal Based on the Formal Observation and/or FCC Program Owner's Self-Assessment (for programs seeking a three to five-star rating)	Timeline	
Action Steps Needed to Support Formal Observation Goal		

Goal Based on the Results of the Classroom Self-Assessment for programs seeking extra points for a four to five-star rating (not required for FCC)	Timeline
Action Steps Needed to Support Classroom Self-Assessment Goal	

YEAR TWO - Individualized Performance Goal (required for all star rating levels)	
Annual Professional Development Performance Goal (This includes an activity or action that increases the individual's knowledge in caring for children.)	Timeline
Action Steps Needed to Support Professional Development Performance Goal	

Goal Based on the Formal Observation and/or FCC Program Owner's Self-Assessment (for programs seeking a three to five-star rating)	Timeline
---	----------

Action Steps Needed to Support Formal Observation Goal	
Goal Based on the Results of the Classroom Self-Assessment for programs seeking extra points for a four to five-star rating (not required for FCC)	Timeline
Action Steps Needed to Support Classroom Self-Assessment Goal	

YEAR ONE - Comments

Comments

Professional's Signature

Date

Administrator's Signature (*Optional*)

Date

YEAR TWO - Comments

Comments

Professional's Signature

Date

Administrator's Signature (*Optional*)

Date