



**Professional Development and Training**

Training Title: \_\_\_\_\_

Facilitator \_\_\_\_\_

Location: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Topic of Professional Development

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> ACEs              | <input type="checkbox"/> Active Supervision  | <input type="checkbox"/> ADA               | <input type="checkbox"/> Challenging Behavior      |
| <input type="checkbox"/> Assessment        | <input type="checkbox"/> DLL                 | <input type="checkbox"/> CPR/First Aid     | <input type="checkbox"/> Social/Emotional          |
| <input type="checkbox"/> Health Services   | <input type="checkbox"/> Staff Wellness      | <input type="checkbox"/> Positive Guidance | <input type="checkbox"/> Communicable Diseases     |
| <input type="checkbox"/> Disabilities      | <input type="checkbox"/> Home Visit Safety   | <input type="checkbox"/> Curriculum        | <input type="checkbox"/> Medication Administration |
| <input type="checkbox"/> Dev Screening     | <input type="checkbox"/> ELOF                | <input type="checkbox"/> Nutrition         | <input type="checkbox"/> Transitions               |
| <input type="checkbox"/> Family Engagement | <input type="checkbox"/> Interactions        | <input type="checkbox"/> ChildPlus         | <input type="checkbox"/> Child Abuse & Neglect     |
| <input type="checkbox"/> Preschool Educ    | <input type="checkbox"/> Infant/Toddler Educ | <input type="checkbox"/> Education 0-5     | <input type="checkbox"/> Other _____               |

Describe Professional Development – Training offering:

\_\_\_\_\_  
*Facilitator/Supervisor Signature*

\_\_\_\_\_  
*Date*

**Required Documentation**

- Handouts and supplemental documents provided and attached
- No Handouts/documents provided

Comments: