

## Annual Professional Learning (PL) Plan Template

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Using the [Pyramid Model Practices Implementation Checklist for Infant and Toddler Classrooms](#) or the [Pyramid Model Practices Implementation Checklist for Preschool \(2-5 years\) Classrooms](#) as a reflective tool, review your current practices to identify areas where you are working well, areas that need support, and professional learning needs.

Educators are encouraged to focus on the following competencies/practices:

**Reciprocal Relationships**

[Infant and Toddler](#)

Warmth and Responsivity

[Preschool \(2-5 years\)](#)

Nurturing and Responsive Relationships

**Inclusive Learning Environments**

[Infant and Toddler](#)

Responsive Routines & Schedules, Classroom Environments

[Preschool \(2-5 years\)](#)

High Quality, Supportive Environments

**Social Emotional Teaching Strategies**

[Infant and Toddler](#)

Respond to Emotions & Teach About Feelings

[Preschool \(2-5 years\)](#)

Teaching Social-Emotional Skills

Based on my reflections:	Based on my reflections:	Based on my reflections:
Where do I feel confident in my practice in this area?	Where do I feel confident in my practice in this area?	Where do I feel confident in my practice in this area?
What strategies will I use to implement new practices in this area?	What strategies will I use to implement new practices in this area?	What strategies will I use to implement new practices in this area?
What information would help me to improve my practice in this area?	What information would help me to improve my practice in this area?	What information would help me to improve my practice in this area?
What resources are required for me to complete this PL?	What resources are required for me to complete this PL?	What resources are required for me to complete this PL?
What is a realistic timeline for me to complete this PL?	What is a realistic timeline for me to complete this PL?	What is a realistic timeline for me to complete this PL?

### Outcomes and Reflections

Professional Learning Session Title	Date of PL	PL Hours	Complete
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>

How successful were these opportunities in meeting my needs? How have they impacted my practice working with children and families?

ECE Signature:	Date:
Director/Program Lead Signature:	Date:

\*if additional space is required, please attach on a separate page