

South Central Child Development, Inc.

Staff Training and Technical Assistance Needs Assessment

To be reviewed with your supervisor

Name: _____

Title: _____

Date: _____

Please list any training or technical assistance you feel you need.

A. Early Childhood Development and Health Services

- Creative Curriculum

- Class

- TSG

- School Readiness

- Coaching

- Disabilities - IEP's and diagnostic conditions

- Mental Health

- Health

- Nutrition

- Other

B. Parent , Family & Community Engagement

- Supporting families in reaching goals identified on the FPA

- Assessing and implementing parent training/parent meetings and education sessions

- Procedures supporting school readiness/transition activities

- Promoting Fatherhood activities with families working with community youth to promote Youth Involvement

- Other

C. Program Design and Management

- Recruitment

- Performance Standards

- Other

Please list any specific training needs relevant to your job not listed.

**Personal Learning Plan
Establishing and Communication Goals**

What is your professional goal?

What support do you need in achieving this goal?

What are the challenges you have in reaching this goal?

What assistance do you need and by whom?

What specific training and/or technical assistance that can be of help to you in reaching your goal?

What is your learning style?

Have you taken any internet classes?

Are you interested in providing training? If so in what area?

**Personal Learning Plan
Planning for Action**

Steps leading to accomplishing your professional goal:

What is needed to accomplish this step?

What help from others is needed to support your effort/step?

What will be done to obtain the help needed (if any)?