Individual Professional Development Map (IPDM)

Sample:

INDIVIDUAL PROFESSIONAL DEVELOPMENT MAP (IPDM)

- 1. Fill in how you will carry out your CPD activities
- 2. Track your progress

Name of Educator: Ms Sample Occupational Title: Beginning Preschool Educator

| Plan | | | | | | | Log | | | |
|------|---|-----------------------------------|--|--|---|-----------------------|---|-------------|---------------------------------------|---|
| S/N | What competencies do I want to work on? | | | What do I want to learn? | Type of CPD | When do I do this? | What resources are needed? | | CPD Hours Completed | |
| | TSC Category | TSC | TSC Proficiency Levels | Learning Goals | CPD Activity^ | Month/Year | (E.g. Funding Support, Approval etc) | CPD Date(s) | or Reason(s) for not completing | Learning & Application |
| 1 | Child Learning and Development | Child Observation | Level 2: Carry out observation and documentation of children's learning and development | To be equipped with the skills and knowledge to support the learning and development of children aged 4-6 | Designing, Implementing and Evaluating Early Childhood Outdoor Activities (4-6yrs old) | Mar-22 | Cost: \$326.35 (with GST) Funding support available from SSG | dd/mm/2022 | 14 hours | E.g. I will use (knowledge / skills) to support xxxx (names of children) in (eg. daily routines / activities) from term 2. E.g. I will use (new methods) to interact with the children in my class / centre daily from term 2. |
| | | Learning Environment Design | Level 3: Design quality indoor and outdoor learning environment according to children's developmental milestones to engage children purposefully | | Mentoring Sessions | Once a Term | Protected time for discussions with mentor | Ongoing | Approximately 1 hour per session | E.g. I will share (my learning) with fellow educators in my centre by end of term 2. E.g. I will apply (takeaways) which I have learnt from my mentor in designing the learning environment of my classroom. |
| 2 | | | | | | | | | | |

| Signature of Educator and Date | Signature of Principal and Date |
|--------------------------------|---------------------------------|

[^] CPD activity may include course based and non-course based training.

Template:

| INDIVIDUAL PROFESSIONAL DEVELOPMENT MAP (IPDM) | | | | | | | | | | |
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| Name of Educator: Occupational Title: | | | | | | | | | | |
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| 2 | | | | | | | | | | |
| | | | | | | | | | | |

Signature of Principal and Date

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Signature of Educator and Date