

## CHILD & FAMILY DEVELOPMENT PROGRAMS Professional Development Training Log

**NOTE:** If attending two separate trainings on the same day, a separate Training Log must be completed for each. Do not submit a CP 6 if a program sign-in sheet is used for a program training.

**TRAINING DATE:** \_\_\_\_\_ If training is several days, use beginning date

**LOCATION of Training:** City/State: \_\_\_\_\_

**INDIVIDUAL TRAINING**                       **GROUP TRAINING**

If you are also turning this in for someone other than you, who was at the training, please list their name(s) below:


**LEVEL:** Level from which training was administered

- Check one:
- CBT (Community Based Training)
  - CEU (Continuing Education Units)
  - Cluster (*multiple Head Start agencies*)
  - Formal (*college, school, etc.*)
  - Interagency (*other community agencies*)
  - Local (*CFDP*)
  - National
  - Regional
  - State

**TRAINING TITLE/TOPIC:** \_\_\_\_\_

**TRAINING COMPONENT/SERVICE AREA:** If more than one component is offered in the same training session, check all that apply and state the hours for each component:

- Diversity:** Knowledge of differences in race, gender, ability, age, language, family composition, culture, ethnicity, socio-economic status, and/or religion. Weaving anti-bias awareness throughout all program activities and learning environments for children and youth. **Hours:** \_\_\_\_
- Families & Community Systems:** Knowledge of the complex characteristics of children’s families and communities. Establishing respectful relationships and communication with family and community members. **Hours:** \_\_\_\_
- Health, Safety and Nutrition:** Knowledge of basic health, safety and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures and therapeutic care. Promoting healthy choices and safety awareness with children and youth. **Hours:** \_\_\_\_
- Human Growth & Development:** Knowledge of social, emotional, cognitive and physical growth and development. Using developmentally appropriate practices and principles in programs for children and youth. **Hours:** \_\_\_\_

- Learning Environments & Curriculum:** Knowledge of the relationship between physical space, activities, experiences and materials with child behavior, growth and development. Creating developmentally appropriate and culturally appropriate learning environments and curricula to foster optimum growth and development of children and youth. **Hours:** \_\_\_\_
  
- Observation & Assessment:** Knowledge of observation techniques, assessment tools and documentation procedures for children and youth. Using observation and assessment to individualize learning experiences, improve the effectiveness of the learning environment, and support referrals for specialized services. **Hours:** \_\_\_\_
  
- Personal, Professional & Leadership Development:** Knowledge of childhood care and education as a profession with an identified body of knowledge, professional standards, professional ethics and established systems. Participating in leadership, advocacy, personal growth and professional development activities. **Hours:** \_\_\_\_
  
- Program Management:** Knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping. Developing or implementing program policies, communication strategies, management plans and sound financial practices. **Hours:** \_\_\_\_
  
- Special Needs:** Knowledge of disabilities and other special needs, related resources and regulations/laws. Implementing an inclusive and sensitive practice with children and youth in partnership with families. **Hours:** \_\_\_\_
  
- Understanding & Guiding Behavior:** Knowledge of developmentally appropriate and culturally appropriate guidance theories, principles and practices. Providing positive guidance to foster self-esteem, self-regulation, constructive behavior and positive relationships for children and youth. **Hours:** \_\_\_\_

**DESCRIPTION:**

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**HOURS:** Total Number of training hours \_\_\_\_ or **CREDITS:** Total Number of credits \_\_\_\_

**CREDIT TYPE:**                       CEU                       College                       Professional  
 Set 1 ORO     Set 2 ORO     Set 3 ORO

**AGENCY/PROGRAM:**                       Head Start – Center: \_\_\_\_\_  
 Parenting Education  
 Healthy Families

**TRAINER/INSTRUCTOR NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Please Print)

**DATE:** \_\_\_\_\_