

**BRAD Head Start/Early Head Start/ABC
Self-Appraisal**

Directions: This form is to be completed by all employees before the annual performance evaluation and submitted to central office by supervisors with the performance evaluation.

Date _____ Employee Name _____

Position _____

Education Level

High School C.D.A. _____ A.A. Bachelors Masters

Number of college hours past current degree _____

Are you satisfied with this level? Y _____ N _____

Skill and Knowledge Level

What skills and/or knowledge do you have that contributes to the job you do and to the quality of the program? _____

What skills and knowledge do you recognize that you need to improve? _____

**BRAD Head Start/Early Head Start/ABC
Employee Professional Development Plan**

Professional Development Goals	Strategies	Resources Needed	Estimated Time of Completion	Progress Notes

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

**BRAD Head Start/Early Head Start/ABC
Training Need Notification**

Directions: Submit completed form to Program Director when training need is identified.

Date: _____

Notification Submitted By: _____

Individual or Group Needing Training: (ex. all Early Head Start staff, H.S. teacher,
teacher assistants, all staff or one individual) _____

Training Topic: _____

Training Type: ___ One-On-One ___ In-Service ___ Pre-Service ___ Other

If other, explain _____

Recommended Trainer: _____

Comments: _____

