**Evidence template number 3A: PDP**

**Professional development plan for nine to twelve months (optional)**

To address areas noted by assessor in the six month review as well as areas identified in this document.

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| **Period covered** |  |

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| **Learning objective** | **How will you meet the objective?** Development activity or action planned. | **How will you know if the objective is met?** Intended outcomes for practice and children and young peoplein need of care and support and their parents/carers. | **Timescales?** Date for completion and/or review. | **What was the impact on your** **practice?** |
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