**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.

|  |  |
| --- | --- |
| **Period covered** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 people  in need of care and support and their parents/carers. | **Timescales?** Date for completion and/or review. | **What was the impact on your**  **practice?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |