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| **Nombre de Personal** | | | | | | | **Identificación/# de Caso** | | | | |
| **Desarrollo Profesional** | | | | | | | | | | | |
| ***ETO Data Entry Instructions****:**Staff Program >* ***Record NEW TouchPoint > Professional Development TouchPoint*** | | | | | | | | | | | |
| **# de Horas Dentro de Temas de Desarrollo Profesional** | | | | | | | | | | | |
| **Fecha de Formación** | **Adelanto de Competencia Física/Intelectual de Niños** | **Formación de Relaciones Productivas con Familias** | **Establecimiento /Mantenimiento de un Ambiente Seguro, Sano y de Aprendizaje** | **Formación de Visitas en Hogar y de la Programa HIPPY** | **Mantenimiento Compromiso Profesional** | **Administración de Programa Efectivo (Incluido ETO/Uso de Computadora)** | | **Observación y Registro de Comportamiento Infantil** | **Apoyo de Desarrollo Social y Emocional y Dirección Positiva** | **Comprensión de los Principios de Desarrollo Infantil y Aprendizaje** | **Horas Totales**  **Por Fecha** |
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| **Horas Totales**  **Por Tema** |  |  |  |  |  |  | |  |  |  |  |