

# Individual Development Plan\*

\*Appropriate for Personnel Center Employees

**Name:** \_\_\_\_\_

For period: \_\_\_\_\_

Position and Grade: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Organization: \_\_\_\_\_

**I request a Mentor (yes or no):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Mentor assigned (if requested):** \_\_\_\_\_ **Mentor:** \_\_\_\_\_

**Career Goals:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>competency</i>	<i>course</i>	<i>required</i>	<i>optional</i>	<i>date identified</i>	<i>date completed</i>	<i>certified</i>
<b>A. Business Management</b>						
<b>B. Professional</b>						
<b>C. Technical</b>						

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## Individual Development Plan (continued)

**Formal Education:**

**Off Duty Training:**

**Special Projects:**

**Other Significant Information:**

\_\_\_\_\_  
Employee                      date

*I certify that I have discussed this IDP with the participant and I will make every effort to ensure that the participant will be available to accomplish the planned developmental activities.*

\_\_\_\_\_  
Supervisor                      date

(OPTIONAL) *I certify that the Training Office has reviewed this IDP.*

\_\_\_\_\_  
Training Specialist                      date

<b>IDP Reviews</b>	<b>date</b>	<b>employee initial</b>	<b>supervisor initial</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____