

Individual Development Plan (IDP)

EMPLOYEE NAME		CURRENT TITLE	
DEPARTMENT		CURRENT SERIES/GRADE	
EMAIL ADDRESS		TELEPHONE NUMBER	
EMPLOYEE'S GOALS STATEMENT:			
SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF MENTOR (technical)	DATE	SIGNATURE OF MENTOR (career development)	DATE
<u>SHORT- RANGE GOALS</u>			
Desired Skills/Competencies	Developmental Activities	Type of Training (On-The-Job Training (OJT); Self-Development Activities (SDA); Classroom Training (CT))	Date Range

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LONG-RANGE GOALS			
Desired Skills/Competencies	Developmental Activities	Type of Training [On-The-Job Training (OJT); Self-Development Activities (SDA); Classroom Training (CT)]	Date Range

NOTES/COMMENTS:

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