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| Individual Development Plan | | SSN: |
| 1. Employee Name (Last, First, Middle Initial) | 2. Current Position, Series, and Grade | 3. Organization |
| 4. No Further Development Desired/Required at This Time | | <input type="checkbox"/> (If This Block is Checked, Sign and Return) |
| 5. Short Run Development Goals (Immediate, Within a Year) | | |
| 5A. Development Objectives (Knowledges, Skills, and Abilities Needed) | 5B. Developmental Assignments (Identify Type, Dates, Lengths, and Locations if Possible) | 5C. Formal Training (Identify Specific Courses, Locations and Dates if Possible) |
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| 6. Long Run Career Goals (Over Next Five (5) Years) | | | |
| 6A. Objective | 6B. Developmental Assignments (Cite Best Information Available) | 6C. Formal Training (Cite Best Information Available) | |
| 7. Rotational Assignments During the Next 12 Months | | | |
| Check Appropriate Boxes <input type="checkbox"/> A. Rotational Assignment Planned (Indicate Where in 5B) <input type="checkbox"/> B. Rotational Assignment Not Planned/Required <input type="checkbox"/> C. Required Rotational Assignment Completed | | | |
| 8. Employee Signature | Date | Immediate Supervisor Signature | Date |
| 9. Second Level Supervisor Signature | Date | | |