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| INDIVIDUAL DEVELOPMENT PLAN |
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| 1. Name (Last, First, MI) | 2. Current Position & Grade | 3. Organization/Unit | 4. Supervisor’s Name | 5. Period (1 year) |
|  |  | Guimaras State University/ CST | ADRIAN J. FORCA | 2024 |

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| THREE-YEAR PLAN & GOALS |
| 6. Year 1 Developmental Goals | 7. Year 2 Developmental Goals | 8. Year 3 Developmental Goals |
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| 9. **DEVELOPMENTAL OBJECTIVES** | 10.**PURPOSE** | 11.  **PRIORITY** | 12. **DESCRIPTION OF PLANNED****DEVELOPMENTAL ACTIVITY*****(Include COST & DATE for Accomplishment)*** | 13. **EVIDENCE OF ACCOMPLISHMENT** |
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| * I have discussed with my supervisor the options available under the IDP process and we agree that no development is required at this time.
* I have discussed with my supervisor the options available under the IDP process and decline to participate in the IDP process at this time.
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| Employee Signature and Date | Supervisor Signature and Date |

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| **IDP LEGEND** |
| **COLUMN 5: PERIOD**The one-year period in which you will begin or accomplish the developmental objectives listed on this IDP form. |
| **COLUMNS 6, 7, & 8: YEARLY DEVELOPMENTAL GOALS**Identify your career and self management goals for each of the next 3 years to give yourself some benchmarks for progress in yourprofessional development. Examples: *Increase skills in. . . . Take on greater responsibilities as/in. . . . Qualify to become/become eligible for . . .* |
| **COLUMN 9: DEVELOPMENTAL OBJECTIVES**List specific knowledge, skills, and abilities to be acquired/developed in this IDP year.Be sure your objectives may be reasonably accomplished in the period of time you have specified. Keep it manageable! |
| **COLUMN 10: PURPOSE** |
| A. Mission Need | C. Change in State-of-the-art | E. Improved Performance | G. Develop Unavailable Skills |
| B. Organization Policy | D. New Assignment | F. Meet Future Staffing Needs | H. Career Interests |
| **COLUMN 11: PRIORITY** |
| 1. Essential | 2. Needed | 3. Helpful. . . . .to achieving what? |
| **COLUMN 12: DEVELOPMENTAL ACTIVITIES**Use one of the following to specify the developmental activity you will use to complete your objectives. |
| a. OnSite Training or Courseb. OffSite Training or Coursec.Seminar or Conferenced.College or University Level Coursee.Government Agency Coursef.Grad School Courseg.New or Rotational Assignment | h. Added ResponsibilitiesI. On The Job Trainingj. Detail within the Departmentk. Details outside of Departmentl. Self-Developmentm. Sabbatical or Leaven. Networking |
| **COLUMN 13: EVIDENCE OF ACCOMPLISHMENT**Cite specific product(s), outcome(s) or evidence which demonstrate completion of the planned developmental activities. |
| “No developmental activities required”. This block may be checked if there are no developmental activities required for the 12-month period of the plan. Acceptable reasons for “no developmental activities” may include; pending retirement; expiration of or short term nature of appointment, etc.  |