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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. | | | | | |
| 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 your  professional 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 Course  b. OffSite Training or Course  c.Seminar or Conference  d.College or University Level Course  e.Government Agency Course  f.Grad School Course  g.New or Rotational Assignment | | | h. Added Responsibilities  I. On The Job Training  j. Detail within the Department  k. Details outside of Department  l. Self-Development  m. Sabbatical or Leave  n. 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. | | | | | |