

## INDIVIDUAL DEVELOPMENT PLAN (IDP)

**PRIVACY ACT STATEMENT:** Section 4103 of Title 5 of U. S. Code authorizes collection of this information. This information will be used by supervisors, employees and department managers to plan and/or schedule training, education or other career development activities relevant to the position. This will be a functional tool for both the supervisor and employee, to the status of the employee's progress or lack thereof. Position requirements will be listed. This form will be used to justify an employee's progress within his/her probationary year. This form will also justify for a promotion in grade, for appropriate positions. Changes to this IDP within the time frame will be noted and re-signed by the employee, the immediate supervisor, and the HRO/EDS representative. Items/goals will be noted as either short term (S/T) or long term (L/T) in nature. Information on this form is for official use only. **Attach additional pages if required**

1. NAME	2. SSN	3. POSITION TITLE	4. PAY PLAN, SERIES and GRADE
5. INITIAL/UPDATE	6. PERIOD COVERED	7. LAST UPDATED	

### 8. DEVELOPMENT OBJECTIVES

8a. SHORT TERM OBJECTIVES (4-8 MONTHS)	8b. LONG TERM OBJECTIVES (1 YEAR +)
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### 9. FORMAL TRAINING OBJECTIVES

9a. COURSE ID	9b. COURSE TITLE	9c. PROVIDER	9d. DATE SCHEDULED or PROPOSED	9e. DATE COMPLETED

### 10. FORMAL EDUCATION

10a. DEGREE	10b. NAME OF PROGRAM	10c. PROVIDER	10d. DATE SCHEDULED or PROPOSED	10e. DATE COMPLETED

### 11. ON THE JOB TRAINING (OJT)

11.a TYPE (SELF OR GUIDED)	11. b NAME OF SYSTEM OR TRAINING ITEM	11.c Provider (PRINT NAME)	11d. DATE SCHEDULE OR PROPOSED	11e DATE COMPLETED

Supervisor's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HRO Coordinator/EDS Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_