

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)	
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Desired Skills/Competencies	Developmental Activities	Type of Training <small>(On-The-Job Training (OJT); Self-Development Activities (SDA); Classroom Training (CT))</small>	Date Range

