

INSTRUCTIONS FOR PREPARING INDIVIDUAL DEVELOPMENT PLAN

1. EMPLOYEE'S NAME:

Enter your full name

2. TELEPHONE NUMBER:

Enter your telephone number

3. CURRENT POSITION TITLE, SERIES AND GRADE:

Enter title of position, occupational series, and grade

4. ORGANIZATION:

Enter name of organization, office code, and complete address

5. DEVELOPMENTAL EXPERIENCES NEEDED FOR:

Check appropriate block.

6. DEVELOPMENTAL OBJECTIVES/ GOALS:

Enter your career goals: Short Term (forthcoming year) - Long Term (following three years).

7. METHOD OF ACCOMPLISHMENT OF OBJECTIVES/GOALS:

Enter specific developmental objectives that are to be met by one or a combination of experiences or activities.

a. DEVELOPMENTAL ASSIGNMENTS:

Include scheduled dates and facilities

b. FORMAL TRAINING:

Include scheduled courses and dates.

OTHER ACTIVITIES:

c. Enter data, if applicable.

8. REMARKS:

Use this space for miscellaneous information; add additional sheets if needed.

9. EMPLOYEE'S SIGNATURE AND DATE:

Sign and date this form. Your signature indicates that you concur with this IDP.

10. SUPERVISOR'S SIGNATURE AND DATE:

Sign and date this form. Your signature indicates that you concur with the employee's IDP.

INDIVIDUAL DEVELOPMENT PLAN

(See Instructions on How to Complete)

PRIVACY ACT STATEMENT

General - This Information is provided pursuant to Public Law 93 - 570 (Privacy Act of 1974).

Authority - Government Employees Training Act of 1958 (U.S. Code, Title 5, sec. 41101 to 41104).
Purpose and Uses - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and Completion of training, and it serves as the principal repository of personal, fiscal and Administrative information about trainees and the programs in which they participate.

The form becomes a part of the permanent employment record of participants in training Programs and is included in the Government's Personnel Data File.
Effects of Nondisclosure - Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

1. EMPLOYEE'S NAME	2. Telephone Number:
e-mail:	DSN:

3. CURRENT POSITION TITLE SERIES AND GRADE
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4. ORGANIZATION

5. DEVELOPMENTAL EXPERIENCES NEEDED FOR (Check One)
<input type="checkbox"/> a. MORE EFFECTIVE PERFORMANCE IN PRESENT OR FUTURE POSITION (S)
<input type="checkbox"/> b. NO PARTICULAR DEVELOPMENTAL EXPERIENCES DESIRED/NEEDED AT PRESENT TIME.

6. DEVELOPMENTAL OBJECTIVES /GOALS	
a. SHORT TERM (Forthcoming Year)	b. LONG TERM (Following Three Years)

7. METHOD OF ACCOMPLISHMENT OF OBJECTIVES GOALS		
a. DEVELOPMENTAL ASSIGNMENTS (Include scheduled dates and facilities)	b. FORMAL TRAINING (Include scheduled courses and dates)	c. OTHER ACTIVITIES (Include scheduled dates and describe activities)

8. REMARKS		
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9. EMPLOYEE'S SIGNATURE (IDP concurred by employee)	Date	10. Supervisor's Signature (IDP concurred by supervisor)	Date
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