

## FAA Leadership and Learning Institute Individual Development Plan

| Employee Name   | Current Pos         | sition  | Organization          | Pay Band or Grade     |  |
|---|---------------------|---|-----------------------|-----------------------|--|
|   |                     |   |                       |                       |  |
| Short-Term Career Goals (One to Three   | ee Years)           |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
| Longer-Term Career Goals  |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
| Strengths (Determined by self-reflection  | n, feedback from of | hers, assess  | ments, and evaluation | ons)                  |  |
|   | ·                   | <u> </u>  |                       | ,                     |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
| Development Areas (Determined by self-reflection, feedback from others, assessments, and evaluations)       |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
|   |                     |   |                       |                       |  |
| Employee Agreement  |                     |   | Manager Agr           | eement                |  |
| I have discussed the plan below with my   | , managar I         | I have disco  | useed the plan below  | with my amplayed.     |  |
| I have discussed the plan below with my manager. I agree to complete the activities aligned to my goals and |                     | I have discussed the plan below with my employee. I agree to support the employee's progress toward |                       |                       |  |
| provide progress updates at least quarterly to my   |                     | achieving goals and review his/her progress at least  |                       |                       |  |
| manager.  |                     |   | unding for developm   |                       |  |
|   |                     | extensive ti  | me away from the jo   | b are not guaranteed. |  |
| Signature   | Date                | Signature   |                       | Date                  |  |
|   |                     |   |                       |                       |  |

|             | Competency 1                                      |                        |                        |
|-------------|---|------------------------|------------------------|
|             |   |                        |                        |
|             | Development Goal 1                                |                        |                        |
|             | Success Measure(s)                                |                        |                        |
|             | Description                                       |                        |                        |
|             | Expected Outcome                                  |                        |                        |
| ۲ <u>۲</u>  | Resources or Support Needed                       |                        |                        |
| Activity 1  | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|             | Potential Barriers or Risks                       |                        |                        |
|             | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|             | Description                                       |                        |                        |
|             | Description                                       |                        |                        |
|             | Expected Outcome                                  |                        |                        |
| ty 2        | Resources or Support Needed                       |                        |                        |
| Activity 2  | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|             | Potential Barriers or Risks                       |                        |                        |
|             | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|             | Description                                       |                        |                        |
|             | Description                                       |                        |                        |
|             | Expected Outcome                                  |                        |                        |
| ر<br>ا<br>ا | Resources or Support Needed                       |                        |                        |
| Activity 3  | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|             | Potential Barriers or Risks                       |                        |                        |
|             | Approach to Overcoming Barriers or Managing Risks |                        |                        |

|            | Competency 1                    | I                      |                        |
|------------|---------------------------------|------------------------|------------------------|
|            | Competency                      |                        |                        |
|            | Development Goal 2              |                        |                        |
|            | 201010pmont 0001 2              |                        |                        |
|            | Success Measure(s)              |                        |                        |
|            |                                 |                        |                        |
|            | Description                     |                        |                        |
|            | For extend Outcome              |                        |                        |
|            | Expected Outcome                |                        |                        |
|            | Resources or Support Needed     |                        |                        |
| 7          |                                 |                        |                        |
| Activity 1 | Completion Dates                | Target Completion Date | Actual Completion Date |
| Ac         |                                 |                        |                        |
|            | Potential Barriers or Risks     |                        |                        |
|            |                                 |                        |                        |
|            | Approach to Overcoming Barriers |                        |                        |
|            | or Managing Risks               |                        |                        |
|            | Description                     |                        |                        |
|            | Description                     |                        |                        |
|            | Expected Outcome                |                        |                        |
|            |                                 |                        |                        |
| 8          | Resources or Support Needed     |                        |                        |
| /ity:      |                                 | T (0 1 ii D )          | A + 10 + 1 = 5 +       |
| Activity 2 | Completion Dates                | Target Completion Date | Actual Completion Date |
| ,          | Potential Barriers or Risks     |                        |                        |
|            |                                 |                        |                        |
|            | Approach to Overcoming Barriers |                        |                        |
|            | or Managing Risks               |                        |                        |
|            |                                 |                        |                        |
|            | Description                     |                        |                        |
|            | Expected Outcome                |                        |                        |
|            | Expected Outcome                |                        |                        |
|            | Resources or Support Needed     |                        |                        |
| ty 3       |                                 |                        |                        |
| Activity 3 | Completion Dates                | Target Completion Date | Actual Completion Date |
| Ă          | D. C. ID.                       |                        |                        |
|            | Potential Barriers or Risks     |                        |                        |
|            |                                 |                        | <br>                   |
|            | Approach to Overcoming Barriers |                        |                        |
|            | or Managing Risks               |                        |                        |

|            | Competency 2                                      |                        |                        |
|------------|---|------------------------|------------------------|
|            | Development Goal 1                                |                        |                        |
|            | Success Measure(s)                                |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ity 1      | Resources or Support Needed                       |                        |                        |
| Activity 1 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|            |   |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ty 2       | Resources or Support Needed                       |                        |                        |
| Activity 2 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|            |   |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ty 3       | Resources or Support Needed                       |                        |                        |
| Activity 3 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers                   |                        |                        |
|            | or Managing Risks                                 |                        |                        |

|            | Compotance  | I                      |                        |
|------------|---|------------------------|------------------------|
|            | Competency 2                                      |                        |                        |
|            | Development Goal 2                                |                        |                        |
|            | Success Measure(s)                                |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ۲<br>۲     | Resources or Support Needed                       |                        |                        |
| Activity 1 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|            |   |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ty 2       | Resources or Support Needed                       |                        |                        |
| Activity 2 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|            |   |                        |                        |
|            | Description                                       |                        |                        |
|            | Expected Outcome                                  |                        |                        |
| ر<br>م     | Resources or Support Needed                       |                        |                        |
| Activity 3 | Completion Dates                                  | Target Completion Date | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |                        |
|            | or managing misks                                 |                        |                        |

|            | Competency 3                                      | I                      |   |                        |
|------------|---|------------------------|---|------------------------|
|            | Competency 3                                      |                        |   |                        |
|            | Development Goal 1                                |                        |   |                        |
|            | Bovolopinoni Godi 1                               |                        |   |                        |
|            | Success Measure(s)                                |                        |   |                        |
|            |   |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            |   |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
|            | Resources or Support Needed                       |                        |   |                        |
| ۲ ک        | Theodaloos of Support House                       |                        |   |                        |
| Activity 1 | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
| Aci        |   |                        |   |                        |
|            | Potential Barriers or Risks                       |                        |   |                        |
|            |   |                        |   |                        |
|            | Approach to Overcoming Barriers                   |                        |   |                        |
|            | or Managing Risks                                 |                        |   |                        |
|            |   |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
|            |   |                        |   |                        |
|            | Resources or Support Needed                       |                        |   |                        |
| ity 2      |   |                        |   |                        |
| Activity 2 | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
| ⋖          | Potential Barriers or Risks                       |                        |   |                        |
|            | 1 oternal Barriers of Misks                       |                        |   |                        |
|            |   |                        |   |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |   |                        |
|            | or Managing Risks                                 |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            |   |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
|            | December of New ded                               |                        |   |                        |
| ω.         | Resources or Support Needed                       |                        |   |                        |
| Activity 3 | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
| Act        | ·   |                        |   | ,                      |
|            | Potential Barriers or Risks                       |                        | I | l                      |
|            |   |                        |   |                        |
|            | Approach to Overcoming Barriers                   |                        |   |                        |
|            | or Managing Risks                                 |                        |   |                        |

|            | Competency 3                                      |                        |   |                        |
|------------|---|------------------------|---|------------------------|
|            | Development Goal 2                                |                        |   |                        |
|            | Success Measure(s)                                |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
| ty<br>1    | Resources or Support Needed                       |                        |   |                        |
| Activity 1 | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |   |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |   |                        |
|            |   |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
| Activity 2 | Resources or Support Needed                       |                        |   |                        |
| Activ      | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        |   |                        |
|            | Approach to Overcoming Barriers or Managing Risks |                        |   |                        |
|            |   |                        |   |                        |
|            | Description                                       |                        |   |                        |
|            | Expected Outcome                                  |                        |   |                        |
| Activity 3 | Resources or Support Needed                       |                        |   |                        |
| Act        | Completion Dates                                  | Target Completion Date |   | Actual Completion Date |
|            | Potential Barriers or Risks                       |                        | - |                        |

| Approach to Overcoming Barriers |  |
|---------------------------------|--|
| or Managing Risks               |  |

| Quarterly Pro                   | aress Review                   |  |  |
|---------------------------------|--------------------------------|--|--|
| Quarterly Progress Review Date: |                                |  |  |
| Employee Assessment of Progress |                                |  |  |
| Quarterly Pro                   | gress Review                   |  |  |
| Da                              | te:                            |  |  |
| Employee Assessment of Progress | Manager Assessment of Progress |  |  |

| Quarterly Progress Review       |                                |  |  |
|---------------------------------|--------------------------------|--|--|
| Date:                           |                                |  |  |
| Employee Assessment of Progress | Manager Assessment of Progress |  |  |
| Quarterly Pro                   | gress Review                   |  |  |
|                                 | ite:                           |  |  |
| Employee Assessment of Progress | Manager Assessment of Progress |  |  |