



Individual Development Plan

Full Name	Current Position	Organization	Pay Band (Grade)
Short-Term Career Goals (<i>One to Two Years</i>)			
Long-Term Career Goals (<i>Three to Five Years</i>)			
Strengths (<i>Determined by self-reflection, feedback from others, assessments, and evaluations...</i>)			
Development Areas (<i>Determined by self-reflection, feedback from others, assessments, and evaluations...</i>)			
Employee Signature			Date
Manager Name		Manager Signature	Date
<p>Note: An effective IDP includes development activities that contain learning by doing (experience), learning from others (mentors, coaches), and classes (face-to-face and eLearning). Refer to 70:20:10 Learning Model.</p>			

Identify two-three competencies (knowledge, skills, abilities and behavioral characteristics) that you would like to develop or enhance, and set specific goals.

Competency or Capability 1 <i>(Skill or knowledge you wish to develop)</i>				
SMART Goal				
Success Measure(s) <i>(What successful completion of activities looks like)</i>				
Developmental Activity 1	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 2	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 3	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			

Competency or Capability 2 <i>(Skill or knowledge you wish to develop)</i>				
SMART Goal				
Success Measure(s) <i>(What successful completion of activities looks like)</i>				
Developmental Activity 1	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 2	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 3	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			

Competency or Capability 3 <i>(Skill or knowledge you wish to develop)</i>				
SMART Goal				
Success Measure(s) <i>(What successful completion of activities looks like)</i>				
Developmental Activity 1	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 2	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			
Developmental Activity 3	Description			
	Expected Outcome (Result)			
	Resources or Support Needed			
	Target Completion Date		Actual Completion Date	
	Potential Barriers or Risks			
	Approach to Overcoming Barriers or Managing Risks			

Quarterly Progress Review

Quarter 1

Employee		Manager	
I have discussed this plan with my manager. I agree to complete activities aligned to my goals and provide periodic progress updates to my manager.		I have discussed this plan with my employee. I agree to provide support and resources and periodically review employee's progress toward achieving goals.	
Participant Signature	Date	Manager Signature	Date

In the remarks section below, add comments, questions, or concerns you may have on progress toward targeted goals:

Employee Remarks	Manager Remarks

Quarter 2			
Employee		Manager	
I have discussed this plan with my manager. I agree to complete activities aligned to my goals and to provide progress updates to my manager		I have discussed this plan with my employee. I agree to provide support and resources and to review employee's progress toward achieving goals.	
Participant Signature	Date	Manager Signature	Date
In the remarks section below, add comments, questions, or concerns you may have on progress toward targeted goals.			
Employee Remarks		Manager Remarks	

Quarter 3			
Employee		Manager	
I have discussed this plan with my manager. I agree to complete activities aligned to my goals and to provide progress updates to my manager.		I have discussed this plan with my employee. I agree to provide support and resources and to review employee's progress toward achieving goals.	
Participant Signature	Date	Manager Signature	Date
In the remarks section below, add comments, questions, or concerns you may have on progress toward targeted goals.			
Employee Remarks		Manager Remarks	

Quarter 4			
Employee		Manager	
I have discussed this plan with my manager. I agree to complete activities aligned to my goals and to provide progress updates to my manager.		I have discussed this plan with my employee. I agree to provide support and resources and to review employee's progress toward achieving goals.	
Participant Signature	Date	Manager Signature	Date
In the remarks section below, add comments, questions, or concerns you may have on progress toward targeted goals.			
Employee Remarks		Manager Remarks	