

UNITED STATES DEPARTMENT OF AGRICULTURE
INDIVIDUAL DEVELOPMENT PLAN

(See Instructions on reverse)

PAGE _____ OF _____
 1. TRAINING PERIOD
 FROM _____ TO _____

2. NAME OF EMPLOYEE <i>(Last, First, Middle Initial)</i>	5. PRESENT JOB TITLE, SERIES, GRADE
3. WORK ADDRESS <i>(Room Number, Building, City, State)</i>	6. AGENCY, DIVISION, ORGANIZATION NUMBER
4. OFFICE TELEPHONE NUMBER:	7. SUPERVISORS NAME
	8. SUPERVISOR'S TELEPHONE NUMBER:

9. PRESENT JOB SKILLS <i>(Knowledge, skills and abilities)</i>	10. DEVELOPMENTAL ACTIVITIES <i>(Formal or on - the - job training)</i>	11. PURPOSE* <i>(1 - 9)</i>	12. PRIORITY** <i>(A, B, C)</i>	13. TRAINING HOURS	14. TRAINING COST	15. SCHEDULED DATES	
						a. START	b. END
				13A. TOTAL	14A. TOTAL		

<p>* PURPOSE</p> <table style="width:100%; font-size: small;"> <tr> <td>(1) Mission/Program Changes</td> <td>(4) Improve Presentation Performances</td> <td>(7) Trade/Craft Apprenticeship</td> </tr> <tr> <td>(2) New Technology/State of the Art</td> <td>(5) Most Future Staffing Needs</td> <td>(8) Orientation</td> </tr> <tr> <td>(3) New Work Assignment</td> <td>(6) Develop Unavailable Skills</td> <td>Adult Basic Education</td> </tr> </table>	(1) Mission/Program Changes	(4) Improve Presentation Performances	(7) Trade/Craft Apprenticeship	(2) New Technology/State of the Art	(5) Most Future Staffing Needs	(8) Orientation	(3) New Work Assignment	(6) Develop Unavailable Skills	Adult Basic Education	<p>** PRIORITY</p> <p>(A) Required. If there is performance discrepancy or mandated Training. (B) Recommended. If there is a new assignment (C) Desired. If there is neither a performance discrepancy nor new assignment</p>
(1) Mission/Program Changes	(4) Improve Presentation Performances	(7) Trade/Craft Apprenticeship								
(2) New Technology/State of the Art	(5) Most Future Staffing Needs	(8) Orientation								
(3) New Work Assignment	(6) Develop Unavailable Skills	Adult Basic Education								

16A. CAREER DEVELOPMENT DISCUSSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	17. COMMENTS	
16B. IF "YES" SUMMARIZE:		
16C. DESCRIBE SHORT-TERM (FOR NEXT TWO YEARS) CAREER INTERESTS		
16D. DOES EMPLOYEE HAVE THE CAPACITY FOR GROWTH AND/OR DEVELOPMENT IN THE CHOSEN CAREER ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED	18. EMPLOYEE'S SIGNATURE	DATE
	19. SUPERVISOR'S SIGNATURE	DATE
	20. REVIEWER'S SIGNATURE	DATE