INTERN INDIVIDUAL DEVELOPMENT PLAN (IDP) (USFK REG 690-1)		
1. NAME OF INTERN:	2. TITLE, SERIES, AND GRAD	E OF TARGET POSITION:
3. CURRENT TITLE, SERIES, AND GRADE OF INTERN:	4. PERIOD C FROM:	OVERED BY THIS IDP: TO:
5. WHAT KNOWLEDGE, SKILLS, AND ABILITIES DOES THE INTERN NEED TO POSSESS AT THE END OF THE TRAINING PROGRAM COVERED BY THIS IDP?		
6. WHAT ACTIVITIES WILL THE INTERN PERFORM TO ACQUIRE THIS a. On-the job training activites:	KNOWLEDGE AND THESE SKIL	LS AND ABILITIES?
b. Formal training course titles for which the trainee will be nominated	and successfully complete:	
c. Correspondence course titles in which the trainee will enroll and successfully complete:		
7. HOW LONG WILL BE SPENT PROVIDING EACH KNOWLEDGE, SKILL, AND ABILITY DESCRIBED ABOVE?		
NAME AND SIGNATURE OF INTERN	NAME AND SIGNATURE OF SUPERVISOR	
NAME AND SIGNATURE OF HUMAN RESOURCE DEVELOPMENT ADVI	ISOR	DATE THIS IDP DEVELOPED