

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		

- * PURPOSE
- | | | |
|-------------------------------------|---------------------------------------|--------------------------------|
| (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 |

- ** PRIORITY
- (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

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