**INDIVIDUAL DEVELOPMENT PLAN**

**(Learning Needs Assesments)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME: ${ename} | | | POSITION: ${position} | | | YEARS IN THE POSITION: ${pyear} | | |
| SUPERVISOR’S NAME: ${sname} | | | YEARS IN THE AGENCY: ${ayear} | | | | | |
| PURPOSE:  (${meet}) To meet the competencies of current position.  (${improve}) To improve the current level position’s level of competencies.  (${obtain}) To obtain new level of competencies from position and different functions.  (${others}) Others, please specify: ${explain} | | | | | | | | |
| Target Competency | S/U/G  Priorities | Development Activity | | Target Completion Date | Person Responsible | | Support Needed | Completion Status |
| ${compe0} | ${prio0} | ${devact0} | | ${date0} | ${person0} | | ${supp0} | ${complestat0} |
| ${compe1} | ${prio1} | ${devact1} | | ${date1} | ${person1} | | ${supp1} | ${complestat1} |
| ${compe2} | ${prio2} | ${devact2} | | ${date2} | ${person2} | | ${supp2} | ${complestat2} |

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| --- | --- | --- | --- | --- | --- |
| **What function do you feel competent to perform?**  **(Choose two and indicate whether core, functional, or leadership, and specify what specific competency.)**     1. ${compfunctiondesc0} 2. ${compfunctiondesc1} | | | | | |
| **What function do you have a difficulty to perform?**  **(Choose two and indicate whether core, functional, or leadership, and specify what specific competency.)**   1. ${diffunctiondesc0} 2. ${diffunctiondesc1} | | | | | |
| **Where do you see your career progressing in? the next two years?**  ${career} | | | | | |
| **Employee’s Signature** | **Date** | **Supervisor’s Signature** | **Date** | **Head of Agency’s Signature** | **Date** |
| ${esign} | ${edate} | ${ssign} | ${sdate} | ${hsign} | ${hdate} |

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