

PRIVACY ACT STATEMENT: Section 4103 of Title 5 of U.S. Code authorizes collection of this information. The Individual Development Plan (IDP) information is used by supervisors, employees, and department managers to plan and/or schedule training, education, or other career development activities relevant to the position. The IDP is a functional tool for both the supervisor and employee. It provides a consistent and continual status of the employee's progress or lack thereof. Position requirements are identified and annotated. This form is used to justify an employee's progress within his/her probationary year. This form is also used to support and justify grade promotions and/or position reassignments. Changes to this IDP, within its Development Objectives are either short term (S/T) or long term (L/T) in nature. The IDP information is for official use only. **Attach additional pages if necessary. On each attached page, annotate the member's data as reflected in Blocks One Through Seven. For each entry, reference the applicable block title for the continued information.**

1. NAME	2. SSN	3. POSITION TITLE	4. PAY PLAN, SERIES, AND GRADE
5. INITIAL/UPDATE Initial	6. PERIOD COVERED	7. LAST UPDATED	

8. DEVELOPMENT OBJECTIVES

8a. SHORT TERM OBJECTIVES (4-12 MONTHS)

8b. LONG TERM OBJECTIVES (1 YEAR +)

9. FORMAL TRAINING OBJECTIVES

9a. COURSE ID	9b. COURSE TITLE	9c. PROVIDER (PRINT NAME)	9d. DATE SCHEDULED OR PROPOSED	9e. DATE COMPLETED

10. FORMAL EDUCATION

10a. DEGREE	10b. NAME OF PROGRAM	10c. PROVIDER (PRINT NAME)	10d. DATE SCHEDULED OR PROPOSED	10e. DATE COMPLETED

11. ON THE JOB TRAINING (OJT)

11a. SELF OR GUIDED	11b. NAME OF SYSTEM OR TRAINING ITEM	11c. PROVIDER (PRINT NAME)	11d. DATE SCHEDULED OR PROPOSED	11e. DATE COMPLETED
Self				

Supervisor's Printed Name: _____ Signature: _____ Date: _____

Employee's Printed Name: _____ Signature: _____ Date: _____

HRO Coordinator/
HRDS Printed Name: _____ Signature: _____ Date: _____

Individual Development Plan Form Instructions

Block Number Information

1. **Name:** Last name, first name, and middle initial.
2. **SSN:** Nine digit Social Security Number.
3. **Position Title:** As advertised; or on the position description (Reference SF 50).
4. **Pay Plan, Series, and Grade:** As advertised; or on the position description (Reference SF 50).
5. **Initial or Update:** Initial Applies: If this is the member's first IDP for the position; Update Applies: If there is a change to an IDP that was previously submitted. Include the date of the member's initial IDP.
6. **Period Covered:** The dates that the IDP covers. The individual must have one year's experience at the present grade level and this year date includes the entire 12 month assignment period. The first day following the end of the year period is when the individual is eligible for promotion consideration.
7. **Last Updated:** The date of the previously processed IDP. This is normally the same date annotated in Block Five.
8. **DEVELOPMENT OBJECTIVES**
 - a. **Short Term Objectives 4-12 months:** This is the desired grade if 4-12 months are needed at current grade or a specific area. Applies if the supervisor wants the individual to gain proficiency in a specific skill, knowledge, and/or ability.
 - b. **Long Term Objectives, one year plus:** This is normally the desired/target grade, unless the target grade is more than one level above the current grade held. Note: If more than one grade level promotion is needed to reach the target grade, then an IDP is processed for each grade.
9. **FORMAL TRAINING OBJECTIVES**
 - a. **Course ID #:** This block may or may not be applicable. Use specific course codes as published by the applicable agencies.
 - b. **Title of the course:** Use the exact course title as it is written in the catalog.
 - c. **Provider:** Branch/institution and location of training.

Individual Development Plan Form Instructions - continued

- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

10. Formal Education

- a. **Degree:** Type of degree required; for example, AA – Associates of Arts, BA – Bachelor of Arts, and MA – Master of Arts. In some cases, degrees are not required; exception examples are in contracting, computer services, or environmental. Individual classes are entered in Section Nine, whether they lead to a degree or not.
- b. **Name of Program:** What discipline; for example, Human Resource Development, Accounting, Environmental Engineering.
- c. **Provider:** Branch/institution and location of training.
- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

11. On the Job Training (OJT)

- a. **Type:** Enter Self if it is purely self-taught or with job aids. Enter Guided if another person will teach it.
- b. **Name of system or training item:** Enter name of system; for example, Windows NT Workstation.
- c. **Provider:** Job aid type. If Self, enter individual's name. If Guided, enter trainer's full name.
- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

Signature Blocks: To validate, approve, and initiate the IDP, all three parties must sign and date.