|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A: Long Term Goals**  What are your long-term goals for employment over the next five years? | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| What skills and competencies do you need to accomplish these long-term goals? How do your goals fit in with future needs and direction of the Department? | | | | | |
| **Section B: Short Term Goals** What specific goals would you like to accomplish w/in the next year in your current position? | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| What skills and competencies do you need to accomplish these short-term goals? | | | | | |
| **Section C: Reaching Goals & Timeline**  How/when do you plan to reach your goals (classes, training, reading, activities, mentoring, etc.)? | | | | | |
| **Developmental Needs** | **Activities** | **Timeframe/Target Date** | **Provider/Source** | **Cost** | **Results (Date Completed)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| Note: Registration for training that includes training and/or travel expenses is contingent upon the availability of funds. | | | | | |

|  |  |  |
| --- | --- | --- |
| **COMMONWEALTH OF PENNSYLVANIA – INDIVIDUAL DEVELOPMENT PLAN** | | |
| Employee’s Name | Class Title | Employee’s Signature/Date |
| Organization | Employee Number | Supervisor’s Signature/Date |