**INDIVIDUAL DEVELOPMENT
PLAN**



|  |  |
| --- | --- |
| **Team Member Name:** |  |
| **Team Member Position:** |  |
| **Last Updated On:** |  |
| **Supervisor:** |  |

Your Individual Development Plan [IDP] is your ongoing guide – developed by you with the input and guidance from your Supervisor – for charting your career path and achieving your goals. This exercise will help you identify your professional strengths and opportunities, and determine individuals goals the specific learning activities needed to reach those goals. Please refer to the *Individual Development Plan Reference Aid* for resources and tips for completing your IDP.

# STEP 1: Identify Knowledge, Skills and Abilities at Which You Excel

Using available resources and conversations with others, reflect on and identify your greatest strengths and skills. List your strengths below:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

# STEP 2: Identify Gaps or Opportunities

Using available resources and conversations with others, reflect on and identify your gaps, or areas of opportunity. List your opportunities below:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

# STEP 3: Identify Your Career Aspiration(s)

Using available resources and conversations with others, reflect on and identify your career aspirations over the next 12 to 36 months. Be specific as possible.

# STEP 4: Building Your Plan for Success

| **Development Goal** | **When Goal is Obtained?** | **Actions****(Specific Activities, Exercises and Actions)** | **Timetable** | **Stakeholders** | **Measurement** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Once you have completed your plan, please present and discuss your draft IDP with your Supervisor to obtain their feedback and support. Please sign and date your IDP and determine the date of your first or next progress check-in with your Supervisor. Make sure to store your IDP electronically in a location easily accessible by you and your Supervisor.

Team Member

Signature Date