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| **Employee Name:** | Click here to enter text. |
| **University Title:** | Click here to enter text. |
| **Unit:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. |
| **Review Period:** | Click here to enter text. |

**Individual Development Plan**

*All employees are to complete the IDP to ensure their continuing growth and development. Supervisors are to schedule a dialogue to discuss the IDP with their employees within 30 days of an employee’s service anniversary date.*

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| Are there strengths you would like to utilize that are not currently a part of your position description? Share specific examples.  Click here to enter text. |
| What are your career aspirations?  Click here to enter text. |
| Areas for Development  Click here to enter text. |
| Potential for future development  Click here to enter text. |

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| **Developmental Actions** | **Action Plan** | **Progress Report** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |