

Please fax completed form to:  
 (601) 359 - 2717

## Individual Development Plan

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Short Term Career Goals:

List Competencies where improvement is desired	Developmental Activities that will be used to enhance competency	Expected outcomes or improvements you wish to see (Should relate to achievement of goals.)	Target date for completion	Date of actual completion

Long Term Career Goals:

List Competencies where improvement is desired	Developmental Activities that will be used to enhance competency	Expected outcomes or improvements you wish to see (Should relate to achievement of goals.)	Target date for completion	Date of actual completion

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_