**INDIVIDUAL DEVELOPMENT PLAN**

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| --- | --- |
| Name:  | Date:  |
| SKILLS ASSESSMENT | PERIOD COVERED  |
| Strengths | Development Needs |
|  |  |
| GOALS |
| Short-term goals to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Skill to be gained | Method of achievement | Est complete | Completed |
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| Long-term goals to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Skill to be gained | Method of achievement | Est complete | Completed |
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