

INDIVIDUAL DEVELOPMENT PLAN GUIDE BASED ON CORE COMPETENCIES

Fiscal Year _____

Name _____ Supervisor _____

Series Title _____ Job Title _____

Supervisory _____ Non-Supervisory _____ Grade Level _____

IDP Period: Start Date _____ End Date _____ Organization: _____

Location: _____

(Refer to the JFMIP Framework for Core Competencies for Personnel in the Federal Government to complete this form.)

Core Competencies/Learning Objectives (Knowledge of, Ability to Use, or Skill in Using)	Developmental Activities Description with Training Priority: (Start with A, B, C, or D) A. Essential B. Needed C. Helpful D. Not Needed	Type of Developmental Activity C. Course J. On the Job Training D. Detail S. Self-Development O. Other (specify)	Dates	No. of Hours	Cost	Supervisor's Assessment upon Completion of Activity
Name of Core Competency Category and Developmental Objective:						
1.						
2.						
3.						
4.						
5.						
6.						

Employee's Signature _____ Date: _____ Supervisor's Signature _____ Date: _____