

DEVELOPMENT PLAN

Employee's Name: _____

Job Title: _____

Organization and Location: _____

Today's Date: _____

Learning Goal: _____

<i>Competency:</i>					
Learning Objectives	Learning Resources & Strategies	Target Date	Evidence of Learning	Cost and Support Needed	How objective links to Vision, Mission, Values, Strategic Plan
<i>Competency:</i>					
<i>Competency:</i>					

Development Plan discussed and agreed to on: _____
 Employee's Signature: _____ Supervisor's Signature: _____

Six Month Review Date and Comments:

Employee's Initials: _____ Supervisor's Initials and Date: _____