



Employee Signature: _____
 Supervisor Signature: _____

Training Plan/Individual Professional Development Plan Fillable Resource

Employee Name:		Employee ID#:			
Supervisor Name:		Department/Position:			
Short-Term Career Goals (one year goal): <ul style="list-style-type: none"> • • • • • 		Date Prepared:			
		Effective Dates of Plan: From: To:			
Follow-up Review	Date 1: Date 5:	Date 2: Date 6:	Date 3: Date 7:	Date 4: Date 8:	Date 9:
Area for Improvement (list training development goal and relevant AECs sub-competencies here)	Actionable Steps (list actions to be taken here)	Timeline (list when each step will be completed here)	Notes on Progress (list progress towards goals, resources needed, and any roadblocks to progress here)		

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