A blue letter on a black background

Description automatically generated

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):** | | **Date Prepared:** | |
| **Effective Dates of Plan:**  From:  To: | |
| **Follow-up Review** Date 1: Date 2: Date 3: Date 4:  Date 5: Date 6: Date 7: 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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