

 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) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The creation of this document was supported by Cooperative Agreement number NU38OT000297 from the Centers for Disease Control and Prevention (CDC).