

Individual Development Plan (IDP) for Staff who do not use the Self-Directed Appraisal System

Name _____

Campus _____

Assignment _____

Plan Approved _____

Supervisor's Initials _____

Date _____

Identify the District, Campus or Program goal(s) and objective(s) to which your IDP is aligned:

Desired Outcomes for Individual Development Plan:

State your desired goal(s) for professional growth:

List your plan of activities/learning opportunities helping you to achieve your desired goals:

Exchange Day #1

Exchange Day #2

Identify how you will demonstrate your new knowledge and/or skills:

Notes/Comments:

Attach documentation of completion of professional development (i.e. transcript, certificate, grade, etc.)

Employee's Signature _____

_____ Date of Accomplishment

Supervisor's Signature _____

_____ Date of Accomplishment