

INDIVIDUAL DEVELOPMENT PLAN FORM

PRIVACY ACT STATEMENT: Section 4103 of Title 5 of U.S. Code authorizes collection of this information. The Individual Development Plan (IDP) information is used by supervisors, employees, and the HR Office to plan, schedule and budget for training, or education relevant to the position. It provides a consistent status of the employee's progress. This IDP information is for official use only. Information may be disclosed for any of the DoD "Blanket Routine Uses" published at http://privacy.defense.gov/blanket_uses.shtml. Contact your local Privacy Officer for further details. Disclosure is voluntary; however, failure to provide the information may result in no promotion, not meeting standards on the appraisal, or possible termination. **Attach additional pages as needed, must annotate the member's data as reflected in Blocks One through Six. For each entry, reference the applicable block title for the continued information.**

1. NAME	2. POSITION TITLE	3. PAY PLAN, SERIES, AND GRADE
4. INITIAL/PROGRESS REVIEW	5. PERIOD COVERED	6. LAST UPDATED

7. FORMAL TRAINING OBJECTIVES

7a. COURSE ID	7b. COURSE TITLE	7c. PROVIDER (<i>PRINT NAME</i>)	7d. DATE SCHEDULED OR PROPOSED	7e. DATE COMPLETED

8. FORMAL EDUCATION

8a. DEGREE	8b. NAME OF PROGRAM	8c. PROVIDER (<i>PRINT NAME</i>)	8d. DATE SCHEDULED OR PROPOSED	8e. DATE COMPLETED

9. ON THE JOB TRAINING (OJT) (*CONTINUE ON PAGE 2*)

9a. SELF OR GUIDED	9b. NAME OF SYSTEM OR TRAINING ITEM	9c. PROVIDER (<i>PRINT NAME</i>)	9d. DATE SCHEDULED OR PROPOSED	9e. DATE COMPLETED

INDIVIDUAL DEVELOPMENT PLAN FORM INSTRUCTIONS

BLOCK NUMBER INFORMATION

1. **Name:** Last name, first name, and middle initial.
2. **Position Title:** As advertised.
3. **Pay Plan, Series, and Grade:** As advertised.
4. **Initial or Progress Review** *Initial Applies:* If this is the member's first IDP for the position.
Progress Review: If there is a change to an IDP that was previously submitted. Include the date of the member's initial IDP.
5. **Period Covered:** The dates that the IDP covers.
6. **Last Updated:** The date of the previously processed IDP. This is normally the same date annotated in Block Five.

7. FORMAL TRAINING OBJECTIVES

- a. **Course ID #:** This block may or may not be applicable. Use specific course codes as published by the applicable agencies.
- b. **Title of the course:** Use the exact course title as it is written in the catalog.
- c. **Provider:** Branch/institution and location of training.
- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

8. FORMAL EDUCATION

- a. **Degree:** Type of degree required; for example, AA – Associates of Arts, BA – Bachelor of Arts, and MA – Master of Arts. In most cases, degrees are not required.
- b. **Name of Program:** What discipline; for example, Information Technology, Accounting, Environmental Engineering.
- c. **Provider:** Branch/institution and location of training.
- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

9. ON THE JOB TRAINING (OJT)

- a. **Type:** Enter Self if it is purely self-taught or with job aids. Enter Guided if another person will teach it.
- b. **Name of system or training item:** Enter name of system; for example, Windows.
- c. **Provider:** Job aid type. If Self, enter individual's name. If Guided, enter trainer's full name.
- d. **Date of scheduled or proposed training:** Write date in any format – stay consistent on entire form.
- e. **Date completed:** This is the date the action/task is completed. Write date in any format – stay consistent on entire form.

SIGNATURE BLOCKS: To validate, approve, and initiate the IDP, all three parties must sign and date.