

EMPLOYEE DEVELOPMENTAL PLAN

Employee name: _____ Position: _____

Manager/Supervisor: _____ Start Date: _____

Mentor: _____ End Date: _____

Required Core Competencies:

Career goal (short or long-term):

Areas of interest:

Strengths:

Areas for improvement:

Training needs:

Goals Planner

Goal: _____

Action steps	Target date	Completion date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Goal: _____

Action steps	Target date	Completion date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Goal: _____

Action steps	Target date	Completion date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Measurement of Proficiency: (e.g. skills test, written quiz, verbal quiz, completion of training, CE attendance, task completed, new behavior observed)	Completion date
_____	_____
_____	_____

Resources for assistance:

