Individual Development Plan

Employee Name:	For FY:	Grade & Series:

PURPOSE ^a	COURSE TITLE (list only existing courses here; courses may be scientific, computer, managerial, GIS or administrative in nature)	Annual Plai	nning Meetin	Changes Resulting from Interim Progress Reviews ^e	
PU		COURSE NUMBER ^b	COURSE COST ^c		riogress Reviews
R	IT Security Awareness	NA	None	1	

SAFETY COURSE TITLE	Annual Planning Meeting Decisions				Changes Resulting from Interim
	COURSE NUMBER ^b	COURSE COST ^c	SOURCE (if known)	PRIORITY ^d	Progress Reviews ^e

PURPOSE ^a	Workshop, Symposia, Conference, Meeting, Temporary Assignment, etc.	Annual Planning Meeting Decisions				Changes Resulting from Interim Progress Reviews ^e
		COST ^c	SOURCE (if known)	DATE (if known)	PRIORITY ^d	
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a. **Purpose**: R = Required; M = Meets Program Commitment; C = Career Enhancing.

b. Course Number: This is a required field, especially if it is a WRD-Sponsored Training Course offered at the National Training Center or a Region.

c. Cost: Please include travel costs. If you don't know the cost, please estimate it and indicate that it is an estimate with an e (e.g. \$1,900e).

d. **Priority**: 1 = Current Fiscal Year (2004); 2 = FY 2005; 3 = FY 2006, 4 = Needed but not feasible (fiscal constraint, etc.).

e. Interim Progress Review Changes: NA -= no change; 1 = new entry; 2 = deleted entry.

Supervisor's Signature: _____