INDIVIDUAL DEVELOPMENT PLAN

1. EMPLOYEE'S NAME *(Last, first, initial)*	4. DESCRIPTION OF WORK ASSIGNMENTS
	A. Current Performance Elements Identified for Development/Training
2. CURRENT POSITION TITLE	
3. ORGANIZATION NAME AND LOCATION	B. Projected/Potential Assignments

5. Performance Related Knowledge, Skills, and Abilities	6. Development Work Experiences *(On-the-job assignments, Self development)*	7. Formal Training *(Courses, Seminars)*

8. The supervisor and employee have completed the IDP process and have determined that no training or developmental needs are indicated at this time. ☐	9. SIGNATURE and DATE		
	EMPLOYEE	SUPERVISOR	APPROVING OFFICIAL

Form ARS-48 (8/83)　　　　　(Use continuation sheet for additional comments)　　　　　USDA-ARS

INDIVIDUAL DEVELOPMENT PLAN *(Continuation Sheet)*

1. EMPLOYEE'S NAME *(Last, first, initial)*	2. CURRENT POSITION TITLE	3. ORGANIZATION NAME AND LOCATION

5. Performance Related Knowledge, Skills, and Abilities	6. Development Work Experiences *(On-the-job assignments, Self development)*	7. Formal Training *(Courses, Seminars)*

ADDITIONAL COMMENTS