



INDIVIDUAL DEVELOPMENT PLAN

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Trainee: _____ **Evaluation Date:** _____

Evaluated By: _____ **Next Evaluation:** _____

Tasks	Proficiency Rating 1=poor 3=proficient	Proficiency Rating (6 mo) 1=poor 3=proficient	Notes

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____



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INDIVIDUAL DEVELOPMENT PLAN – Steps to improve performance

A large, empty rectangular box with a thin black border, intended for writing the steps to improve performance.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____