

PROFESSIONAL DEVELOPMENT PLAN

(Insert Year or Time Period)

1. Personal Information

Full Name:

Job Title:

Department/Organization:

Supervisor/Manager:

Date Created:

Review Period:

2. Professional Vision Statement

Write a brief statement describing your long-term career vision and professional aspirations.

Example:

"I aim to develop advanced leadership and technical expertise to take on strategic management responsibilities within the next five years."

3. Self-Assessment

A. Strengths

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B. Areas for Improvement

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C. Skills Assessment

Skill Area	Current Level (Beginner/Intermediate/Advanced)	Evidence/Comments
Technical Skills		
Communication		
Leadership		
Teamwork		
Time		
Management		
Problem Solving		

4. Professional Goals

A. Short-Term Goals (0–12 Months)

Goal Actions Required Resources Needed Target Date Success Indicator

B. Medium-Term Goals (1–3 Years)

Goal Actions Required Resources Needed Target Date Success Indicator

C. Long-Term Goals (3–5 Years)

Goal Actions Required Resources Needed Target Date Success Indicator

5. Development Activities

A. Formal Education & Training

- Courses/Certifications to complete:
 - Workshops/Seminars:
 - Conferences:
 - Professional licenses (if applicable):
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B. Informal Learning

- Reading (books, journals, articles):
 - Online learning platforms:
 - Podcasts/Webinars:
 - Peer learning groups:
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C. On-the-Job Development

- Stretch assignments:
 - Project leadership opportunities:
 - Cross-department collaboration:
 - Job shadowing:
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6. Competency Development Plan

Competency Development Activity Timeline Measurement Method

7. Support and Resources Required

- Manager support needed:
 - Budget required:
 - Time allocation needed:
 - Mentorship or coaching support:
 - Tools/technology required:
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8. Potential Barriers and Mitigation Strategies

Potential Barrier Impact Mitigation Strategy

9. Evaluation and Review

Review Frequency: (Quarterly / Biannual / Annual)

Progress Notes:

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Adjustments to Plan:

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10. Signatures

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____