



Office of
Graduate
Studies

Graduate Individual Development Plan

for

Name _____ Date _____

SKILLS ASSESSMENT (completed by student)				
STRENGTHS		DEVELOPMENT NEEDS		
GOALS				
SHORT-TERM NEEDS FOR IMPROVING CURRENT PERFORMANCE				
What additional skills do you need?	How are you going to acquire these skills? <small>(e.g., training, courses, teaching, supervision)</small>	When will you acquire them? <small>(specify dates and duty or off-duty time)</small>	Completion Date (Est.)	Completion Date (Act.)

LONG-TERM CAREER GOALS YOU WISH TO PURSUE AND THE NECESSARY TOOLS TO MEET THEM

What is important to me in a career?	What additional skills or tools will you need? (e.g., training, courses, teaching, supervision)	How are you going to acquire these skills? (training, courses, assignments)	When will you acquire them? (dates and duty or off-duty time)	Completion Date (Est.)	Completion Date (Act.)
What type of work would I like to be doing?					

Where would I like to be in an organization?	What additional skills or tools will you need? (e.g., training, courses, teaching, supervision)	How are you going to acquire these skills? (training, courses, assignments)	When will you acquire them? (dates and duty or off-duty time)	Completion Date (Est.)	Completion Date (Act.)
OTHER					

COMMENTS FROM ADVISOR

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SOURCE OF FINANCIAL SUPPORT FOR STUDENT

ADVISOR FUNDS	
Department/Program:	
Advisor Grant (agency & grant number):	
Training Grant (agency & grant number):	
STUDENT FUNDS	
Grant (agency & grant number):	
Other (source):	

Student	Department	Signature	Date
Advisor	Department	Signature	Date

Adapted with permission from Case Western University Office of Postdoctoral Studies.