

# Individual Development Plan

U.S. Department of Housing  
and Urban Development  
Office of the Chief Human Capital Officer

Employee's Name	Series	Grade	Employee's Signature	Date
Supervisor's Signature	Date		Career Counselor Signature	Date

1. No career development is needed or desired during this time period. Check here:  You do not need to complete the remainder of this form.

2. Significant prior Training/Development (list date(s) and title(s) of training)

3. Long-term Career Goal or Direction (List the skills or experiences that you need to meet your goals)

4. Goals(Short-term)

5. Goal Development Activity (Method of Improving Ability)

6. Action(s) Taken and Date(s) Completed

**Individual Development Plan**  
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and Urban Development**

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