

INDIVIDUAL DEVELOPMENT PLAN

NAME: _____

TITLE/TRACK: _____

CURRENT ACTIVITIES

INSTRUCTIONAL ACTIVITIES Case Conference, workshops, lectures that you have either participated in or lead on the national, regional, or local level (publications, presentation, panelist, small-group activities):

RESEARCH-SCHOLARSHIP AND CREATIVE ACTIVITIES Original research or invited review, book author, book chapter, invited lecture, awards:

SPONSORED RESEARCH GRANTS

COMMUNITY OUTREACH

PROFESSION Society/organizations, journals, and grants on the regional national level:

LONG-TERM

FIVE-YEAR CAREER GOAL This should reflect a leadership, administrative, or clinical title that you see yourself holding in five to 10 years (examples - Director of Program, Center Director, Chief, etc.):

ONE-YEAR OBJECTIVES Two to four objectives that are necessary or helpful to achieving the overall five-year goal:

1. _____
2. _____
3. _____
4. _____

EDUCATIONAL ACTIVITIES AND PROFESSIONAL DEVELOPMENT Activities you will engage in to meet the objectives and long-term goal:

SCHOLARLY ACTIVITIES Activities that will help you meet the objectives and long-term goal:

CLINICAL ACTIVITIES (IF APPLICABLE) Activities that will help you meet the objectives and long-term goal:

PRODUCTS AND DATES What will help you meet the objectives and long-term goal:

WHAT CHALLENGES OR OBSTACLES MUST YOU ADDRESS?

WHAT STEPS DO YOU IDENTIFY FOR OVERCOMING THEM?

WHAT RESOURCES ARE AVAILABLE TO ACHIEVE YOUR OBJECTIVES?

WHAT RESOURCES DO YOU NEED TO ACHIEVE YOUR OBJECTIVES?

DID YOU ACCOMPLISH YOUR MAIN GOALS FOR THE LAST YEAR? IF NOT, WHY NOT?

IS YOUR ALLOCATION OF TIME CONSISTENT WITH YOUR GOALS?
