

Individual Development Plan

Date of completion: _____

Employee's signature: _____

Manager's signature: _____

The manager will keep the original. The employee will receive a copy.

Material prepared by HR 2016-03-01, Reg. 241-16.
Revised and translated 2017-02-01

Note what has been decided during the Professional Development Dialogue (you do not need to fill in all fields). Note goals, interventions, and activities related to skills development.

| Decision/What will be done | Responsible party | Start when | Complete when | Follow-up when |
|--|-------------------|------------|---------------|----------------|
| Work environment and well-being | | | | |
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| Employeeeship | | | | |
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| Goal-fulfilment and performance | | | | |
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| Development contribution | Responsible party | Start when | Complete when | Follow-up when |
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| Innovation, utilisation, and collaboration | | | | |
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| Teaching | | | | |
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| Research/artistic development | | | | |
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| Leadership | Responsible party | Start when | Complete when | Follow-up when |
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