

# 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):

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

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## SPONSORED RESEARCH GRANTS

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## COMMUNITY OUTREACH

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

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**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.):

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**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:

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

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

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

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**WHAT CHALLENGES OR OBSTACLES MUST YOU ADDRESS?**

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WHAT STEPS DO YOU IDENTIFY FOR OVERCOMING THEM?

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WHAT RESOURCES ARE AVAILABLE TO ACHIEVE YOUR OBJECTIVES?

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WHAT RESOURCES DO YOU NEED TO ACHIEVE YOUR OBJECTIVES?

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

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IS YOUR ALLOCATION OF TIME CONSISTENT WITH YOUR GOALS?

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