

Graduate Individual Development Plan

Name _____ **Date** _____

Skills Assessment

Strengths

Development Needs

Goals

Short-Term Needs for Improving Current Performance

Est. Completion Date _____ **Actual Completion Date** _____

What additional skills do you need?

How will you acquire these skills?

When will you acquire them?

Long-Term Career Goals to Pursue and the Necessary Tools to Meet Them

Est. Completion Date _____

Actual Completion Date _____

What is important to you in a career?

What additional skills do you need?

How will you acquire these skills?

When will you acquire them?

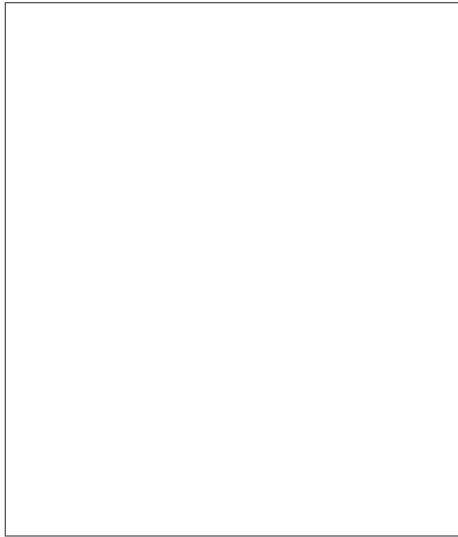
What type of work would you like to be doing?

What additional skills do you need?

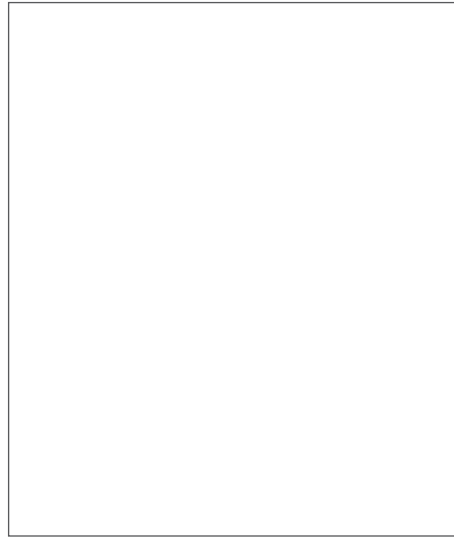
How will you acquire these skills?

When will you acquire them?

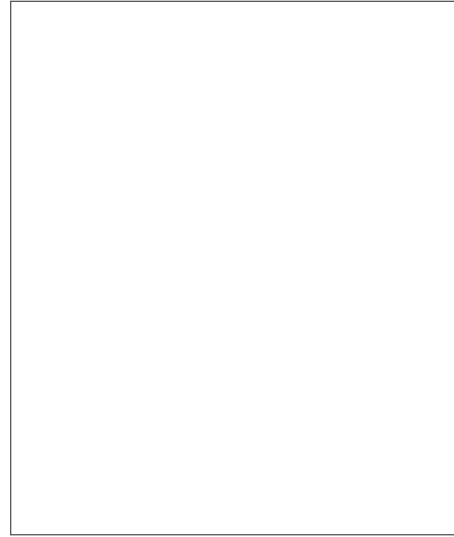
Where would you like to be in an organization?



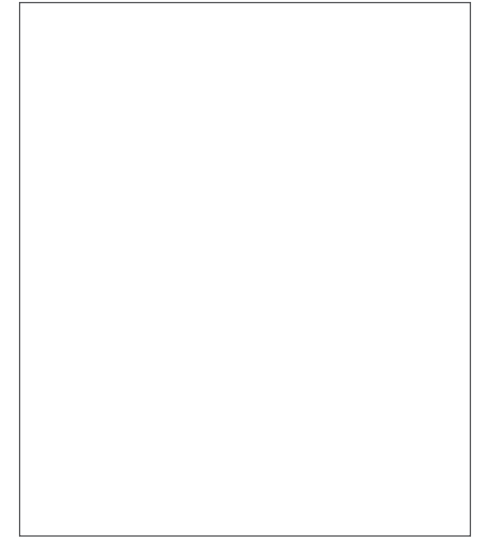
What additional skills do you need?



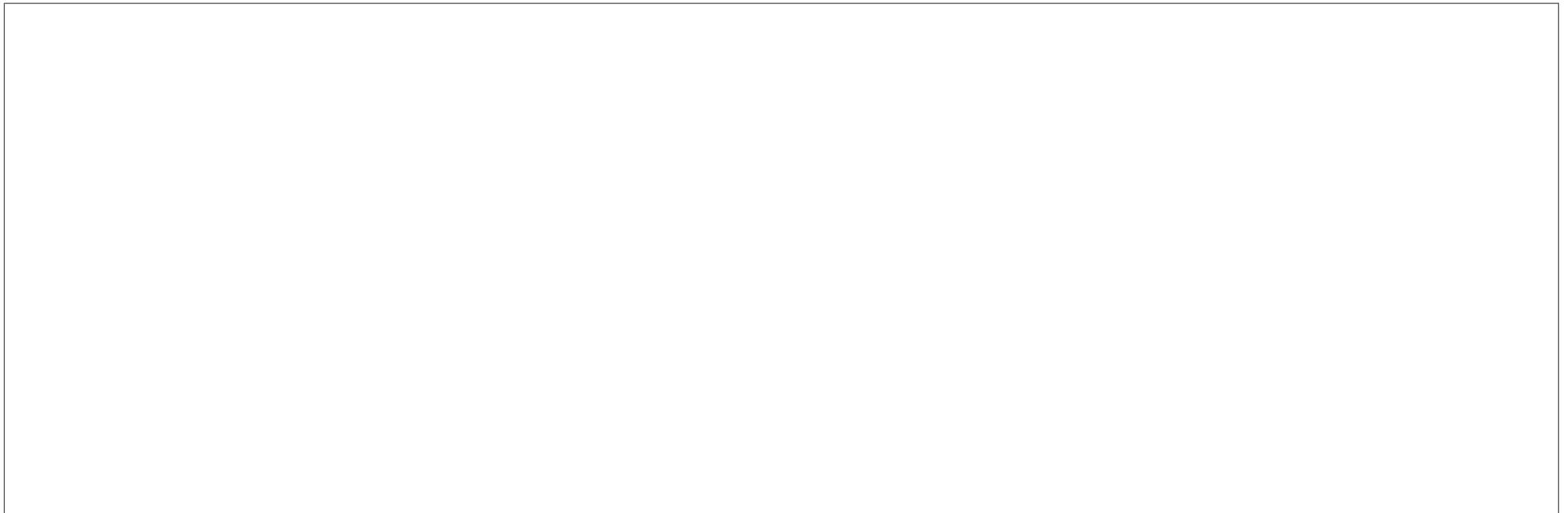
How will you acquire these skills?



When will you acquire them?



Other Goals



Comments from Advisor

Source of Financial Support for Student

Department/Program _____ Advisor Name _____

Associate Dean of the Graduate School _____

Primary Funding: Tennessee Doctoral Scholars Program

Other Funding:

Signatures

Student _____ Date _____ Advisor _____ Date _____

Associate Dean of the Graduate School _____ Date _____