

**SENIOR EXECUTIVE MANAGEMENT DEVELOPMENT PROGRAM (SEMDP)
INDIVIDUAL DEVELOPMENT PLAN**

DATE _____

PRIVACY ACT INFORMATION: SECTIONS 1302, 3301, AND 3304 OF TITLE 5, U.S. CODE PROVIDES THE AUTHORITY FOR REQUESTING THIS INFORMATION. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN INELIGIBILITY FOR THE SENIOR EXECUTIVE MANAGEMENT DEVELOPMENT PROGRAM (SEMDP). YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR RECORD IDENTIFICATION PURPOSES ONLY.

NAME _____ SERIES/GRADE _____

ORGANIZATION ACTIVITY, CODE,
AND TELEPHONE NUMBER _____ POSITION TITLE _____

OCCUPATIONAL AREA _____ SOCIAL SECURITY NO _____

THE INDIVIDUAL DEVELOPMENT PLAN CONTAINED HEREIN IS APPROVED. APPROVAL SIGNIFIES AGREEMENT TO IMPLEMENTATION TO THE EXTENT THAT WORKLOAD AND FUNDING ALLOW. EMPLOYEE STILL HAS RESPONSIBILITY FOR APPLYING BY NORMAL PROCEDURES FOR EACH TRAINING COURSE OR ASSIGNMENT LISTED. FORMAL TRAINING REQUIREMENTS WILL BE ENTERED BY THE EMPLOYEE INTO THE HEADQUARTERS OR ACTIVITY ANNUAL TRAINING PLAN. ANY MODIFICATIONS TO THIS PLAN MUST BE APPROVED BY THE UNDERSIGNED OR SUCCESSORS.

PARTICIPANT _____	DATE _____	SEMDP COORD (BU) OR NAEI (HQ) _____	DATE _____
SUPERVISOR _____	DATE _____	REVIEW/UPDATES _____	
MENTOR _____	DATE _____		

NAME:

ACTIVITY:

SHORT TERM CAREER GOALS. State your career goals for the next 3 to 5 years.

LONG TERM CAREER GOALS. State your career goals for the next 5 to 10 years.

NAME:

ACTIVITY:

COMPETENCY	DEVELOPMENTAL OBJECTIVES (knowledges, skills, abilities)	DEVELOPMENTAL ACTIVITIES	DATE COMPL (MM/DD/YY)
LEADING CHANGE			
LEADING PEOPLE			

NAME:

ACTIVITY:

COMPETENCY	DEVELOPMENTAL OBJECTIVES (knowledges, skills, abilities)	DEVELOPMENTAL ACTIVITIES	DATE COMPL (MM/DD/YY)
RESULTS DRIVEN			
BUSINESS ACUMEN			