

Office of Postdoctoral Affairs
Postdoctoral Trainee Individual Development Plan

SKILLS ASSESSMENT (completed by trainee)				
STRENGTHS:		DEVELOPMENT NEEDS:		
GOALS				
SHORT-TERM NEEDS FOR IMPROVING CURRENT PERFORMANCE:				
What skills need to be learned?	How are you going to do this? (List any desired training, courses, assignments)	When are you going to do this? (Course dates, assignment dates, etc.) (Duty or off-duty time)	Estimated Completion Date	Completion Date (Actual)

LONG-TERM CAREER GOALS YOU WISH TO PURSUE AND THE NECESSARY TOOLS TO MEET THESE:

	What skills or tools are necessary? (e.g., courses, technical skills, teaching, supervision)	How are you going to do this? (List any desired training, courses, assignments, opportunities)	When are you going to do this? (Course dates, assignment dates, etc.) (Duty or off-duty time)	Estimated Completion Date	Completion Date (Actual)
What is important to me in a career?					
What type of work would I like to be doing?					
Where would I like to be in an organization?					

OTHER					

COMMENTS FROM MENTOR

SOURCE OF FINANCIAL SUPPORT FOR TRAINEE

MENTOR FUNDS	
Departmental/Program:	
Mentor Grant (please list agency & grant number):	
Training Grant (please list agency & grant number):	
TRAINEE FUNDS	
Grant (please list agency & grant number):	
Other (please list source):	

TYPE NAME/TITLE:	DEPT/PROGRAM	SIGNATURE	DATE
Postdoc:			
Mentor:			

Please turn in the completed form to: The Office of Postdoctoral Affairs, Nord Hall 6th Floor, LC 7027

Approved copies will be sent to: Postdoc Trainee, Mentor, and the Office of Graduate Education, School of Medicine (for SOM trainees).