



# Individualized Professional Development Plan

## IPDP Profile

**Instructions:** Prior to your IPDP meeting with your supervisor or human resources professional, reflect and write responses to the prompts below.

<b>Staff Name:</b>	<b>Date:</b>
<b>My knowledge:</b>	
<b>My skills:</b>	
<b>My abilities:</b>	
<b>My passions:</b>	
<b>My experience:</b>	
<b>My network:</b>	

The IPDP Profile and Action Plan are sample forms. Head Start programs are not required to use them. Regardless of the form used, the intent is to help staff and their supervisor, or a human resource professional explore potential career goals and plan steps to achieve them. Users can include additional copies of each form as needed.



# Individualized Professional Development Plan

## Action Plan: Goal Development

**Instructions:** Develop a plan to support career development within current job role or in preparation for a new position.

<b>Staff Name:</b>		<b>Supervisor Name:</b>		<b>Date Achieved:</b>
				<b>Date Developed:</b>
<b>Staff meets HSPPS qualifications for job role:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not yet If not yet, job-related degree/certification completion needed: <input type="checkbox"/> CDA or equivalent <input type="checkbox"/> AA degree <input type="checkbox"/> BA degree <input type="checkbox"/> Advanced <input type="checkbox"/> Coursework, clock hours, or CEUs to maintain certification or credential		<b>Ongoing training and professional development, coaching/mentoring, and reflective supervision, and other included in plan:</b> <input type="checkbox"/> Coursework or training in an area of interest <input type="checkbox"/> Coaching/Mentoring <input type="checkbox"/> Reflective Supervision/Practice <input type="checkbox"/> Team Project(s) <input type="checkbox"/> Rotational Assignment <input type="checkbox"/> Other: _____		
<b>GOAL:</b>				
<b>Steps needed to achieve this goal</b>		<b>Resources needed</b> (People, materials, financial support)	<b>Timeframe</b> (Realistic time needed to complete step)	<b>Date Completed</b>
<b>Potential Challenges:</b>				
<b>Date to revisit Goal:</b>	<input type="checkbox"/> I have achieved this goal by meeting the criteria specified in the goal achievement statement (s) above	<input type="checkbox"/> I am making progress toward this goal and will keep implementing my action plan	<input type="checkbox"/> I need to make changes to my plan to achieve this goal by revising the goal or changing the action steps	

**Staff Signature and Date:** \_\_\_\_\_

**Supervisor Signature and Date:** \_\_\_\_\_



# Individualized Professional Development Plan

## Action Plan Follow-up and Status Updates

**Instructions:** Develop a plan to support career development within the current job role or in preparation for a new position. This form is completed by staff in consultation with your supervisor or human resource professional. Use separate Action Plan forms for each goal. It's best practice to limit the number of goals to ensure success in attaining them.

Follow-Up and Status Updates	Attendees	Date

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