



# **Skills Development Facilitator**

## **Handout 12**

### **Personal Development Plan**

<u>AREA TO BE DEVELOPED</u>	DEVELOPMENT		PERFORMANCE REVIEW		
	ACTION/TYPE OF LEARNING PROGRAMME (HOW AND PROVIDED BY WHOM)	TARGET DATE (WHEN?)	PROGRESS	BARRIERS	ACTIONS TO OVERCOME BARRIERS

**PERSONAL DEVELOPMENT PLAN**

Name of employee: \_\_\_\_\_

**AGREEMENT TO PERFORMANCE AND DEVELOPMENT PLAN:**

**FEEDBACK BY SUPERVISOR:**

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Signature of supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of employee: \_\_\_\_\_

Date: \_\_\_\_\_