

HANDOUT 6 - PERSONAL DEVELOPMENT PLAN

Name of employee: _____

<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

AGREEMENT TO PERFORMANCE AND DEVELOPMENT PLAN:

FEEDBACK BY SUPERVISOR:

Signature of supervisor: _____

Date: _____

Signature of employee: _____

Date: _____