INITIAL SUBMISSION: ☐ UPDATE: ☐

PRIVACY ACT STATEMENT

Section 4103 of Title 5 to U.S. Code authorizes collection of this information. This information will be used by staff management personnel and the Corps of Engineers Human Resources Office, servicing your locality, to plan and/or schedule training and development activities. Collection of your Social Security Number is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. If your activity uses the information furnished on this form for purposes other than those indicated above, they will provide you with additional statements reflecting those purposes.

5-YEAR INDIVIDUAL DEVELOPMENT PLAN

(ER 350-1-420)

NAME:	SSN:	DEVELOPMENTAL PERIOD:	CAREER PROGRAM:
POSITION TITLE/GRADE:		ORGANIZATION:	

1. DEVELOPMENTAL OBJECTIVES *(Skills/Performance Enhancement, Career Accomplishments, Etc.)*

a. Short-Term Objectives	b. Long-Term Objectives *(3-5 Years)*

2. REQUIRED TRAINING *(PRIORITY 1 OR 2)*

Course Title/Number	Priority	Course Vendor	Date Required	Hours	Tuition	Est TR/PD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

3. RECOMMENDED TRAINING *(PRIORITY 2 OR 3)*

Course Title/Number	Priority	Course Vendor	Date Required	Hours	Tuition	Est TR/PD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

4. DEVELOPMENTAL ASSIGNMENTS REQUIRED/RECOMMENDED (*LTT, Rotational Assignment, Etc.*)

Type of Assignment	Location	Proposed Dates
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

5. TRAINING OR SELF DEVELOPMENT COMPLETED DURING LAST FY

Training Course or Developmental Activity	Hours	Location	Completion Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I certify that I will support the training and/or development outlined in this IDP and will recommend approval of training costs in each FY budget. I have counseled the team member for whom this IDP has been prepared and concur with training documented.

Immediate Supervisor Date Approving Official Date

I have been counseled regarding my career goals and training or development needed to achieve these goals. I have included only goals that I can realistically expect to achieve during the time period specified.

Team Member Date

(Reverse of ENG FORM 5055-R)