|  |  |
| --- | --- |
| **Name** |  |

**Toles Program Goal(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **TIMEFRAME** | **Personal goals: (Optional)**  **(e.g. May be planning retirement, may be wanting to develop new skills, change careers, major changes to personal life etc.)** | **Professional goals:**  **(e.g. Positional goals, gaining further qualifications, Memberships of Boards, Professional Associations etc.)** |
| **Next 12 months** |  |  |
| **Next 3 years** |  |  |

This page is for your personal use.

**Individual Professional Development Plan**

**STRENGTHS AND WEAKNESSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Planned Activities (Conference, webinar, training, professional journals, etc.)** | **Objective of Development Activity** | **Planned Completion Date** | **Actual Completion Date** |
| **Required knowledge/skills**  Consider:   * required competencies * job description |  |  |  |  |
| **Strengths**  Consider:   * your views * recent tests/appraisals * other people’s views |  |  |  |  |
| **Weaknesses/gaps**  Consider:   * gaps in knowledge/skills * changes in requirements/ systems/services requiring new skills * what will help you to progress in your role? |  |  |  |  |

**Individual Professional Development Plan Activity Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Example:* Researched curricula, assembled curriculum notebook, read professional journal/articles, attended webinar |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of professional development activity completed | Date(s) | Type of activity (Workshop, conference, credit course, webinar, self-study, other) | Cost | Source of funding (self, FDG, Toles) |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6.  *Click return for more rows.* |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| I have completed the professional development activities as described.  Instructor Signature Date | Comments: |