



**INDIVIDUAL DEVELOPMENT PLAN (IDP)
Example Format**

1. Name:

a) Installation and Address:

b) Telephone/Fax:

c) Training Assignment:

d) Mentor:

e) Entry date to this Command:

2. Period Covered:

3. Purpose of IDP:

4. Formal Courses Received to Date: (Applicable to Program)

Date Received

- a.
- b.

5. Formal Courses Required: (Listed below in priority with emphasis given to providing 120 hours of training each fiscal year.)

Date Requested Hrs.

- a.
- b.

6. Local Installation Training:

- a.
- b.
- c.

7. Developmental Training Assignment Objectives:

- a.
- b.

8. Concurrence:

- a. ORISE Participant: _____ Date:
Signature
- b. Mentor: _____ Date:
Signature
- c. ORISE Program Manager: _____ Date:
Signature

**PLEASE FORWARD TO: Ms. Diane Lewis or Ms. Brenda Shaeffer ♦ ORISE ♦ P.O. ♦
Box 53 ♦ APG, MD 21010-0053 NLT 30 days after the first day of the appointment period.**