

Individual Development Plan Template2

General Information

Trainee Name:		Current Training Title:	
Trainee Award Information			
Award Date Start	Award Date End	Current Year of Training:	
Trainee's Administrative Officer:	Trainee's Lab, Branch, or Office:	NIEHS Training Division/Office/Center:	

Trainee Education		
*Highest Degree Obtained (to date):	Associated Year Degree Obtained:	Field of Study:
Additional Degree:	Additional Degree Year Obtained:	Additional Degree Field of Study:

Mentor Information		
Primary Mentor's Name:	Do you have a Co-Primary Mentor? No	Do you have an external mentor? No
Lab, Branch or Office Chief/Director Name:	Co-Primary Mentor's Name:	External Mentor's Name / Email:

Projects & Related Goals/Training

Project 1 & Related Goals		
Project Title (15 Min/500 Max Character Limit):		
Description:	Responsibilities	
Related Publication		
Title:	Publication Type:	Description:
Travel Required	Name of Award or Funding:	

Project 2 & Related Goals	
Project Title (15 Min/500 Max Character Limit):	
Description:	Responsibilities
Related Publication	
Title:	Publication Type:
Travel Required	Name of Award or Funding:
Description:	

Training			
Title:	Description	Travel Required	Training Start:
Type:		Location:	Training End:

Career Goals & Training Activities

Career Goals		
Job Sectors: <input type="checkbox"/> Academic Institution <input type="checkbox"/> Government Agency <input type="checkbox"/> For-Profit Company <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Independent or Self-Employed <input type="checkbox"/> Unknown or Undecided	Job Type: <input type="checkbox"/> Tenure-Track Faculty <input type="checkbox"/> Non-Tenure-Track Faculty <input type="checkbox"/> Professional Staff <input type="checkbox"/> Support Staff <input type="checkbox"/> Management <input type="checkbox"/> Trainee <input type="checkbox"/> Unknown or Undecided	Job Specifics: <input type="checkbox"/> Additional Postdoctoral Training <input type="checkbox"/> Additional advanced Degree <input type="checkbox"/> Primarily Teaching <input type="checkbox"/> Primarily Applied Research <input type="checkbox"/> Primarily Basic Research <input type="checkbox"/> Primarily Computational Research/Informatics <input type="checkbox"/> Primarily Clinical Research <input type="checkbox"/> Primarily Clinical Practice <input type="checkbox"/> Regulatory Affairs <input type="checkbox"/> Science Administration/Project Management <input type="checkbox"/> Intellectual Property/Licensing and Patenting <input type="checkbox"/> Consulting <input type="checkbox"/> Science/Public Policy <input type="checkbox"/> Science Writing or Communications <input type="checkbox"/> Grants Management <input type="checkbox"/> Business Development or Operations <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Technical/Customer Support <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Undecided
Description:		
Are you planning on pursuing additional degree(s)? If yes, please select the degree(s). <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Doctorate		

Training/Career Exploration

Depending on your career goals and on where you are in your training, you will need to work on different professional development activities. Please pick one or more of the below activities/skills you would like to work on this coming year.

Type:

Description:

Enter additional professional activities below: