

Annual Individual Growth Plan

Member Information Review Date: _____			
Name	Position/Role	Current Skills & Strengths	Areas for Development

Short-Term Goals <i>3-6 months</i>				
Goals	Action Steps	Resources Needed	Target Date	Progress/Notes

Mid-Term Goals <i>6-12 months</i>				
Goals	Action Steps	Resources Needed	Target Date	Progress/Notes

Long-Term Goals *12+ months*

Goals	Action Steps	Resources Needed	Target Date	Progress/Notes

Support Needed

Training	Mentorship/Coaching	Equipment/Resources	Leadership Support

Notes: