

DEPARTMENT OF VETERANS AFFAIRS

Pathways Individual Development Plan for Recent Graduates

My Pathways Individual Development Plan (IDP)

This Individual Development Plan (IDP) is a basic requirement for Recent Graduates and Presidential Management Fellows and a standard practice across VA. It must be developed and approved by your supervisor within 45 days of your appointment date and include plans for completing a minimum of 40 hours of formal, interactive training during your one year program.

Directions: More detailed guidance is included in each section below. Work with your supervisor to come up with a general plan. When you have completed the first draft of the IDP, it should be reviewed with your supervisor and signed by both of you within 45 days of appointment.

To contact Pathways Program Office, email pathways@va.gov.

Part I - Partici	pant Information					
Participant:						
	Last Name		First	М.	M.I.	
Position:						
	Job Series	Title		Pay Plan	Grade	
Agency:						
	Organization	Sub-Org	ganization	Department/Director	nte/Office	
Contact:						
	Work Email		Work Phone	Secondary P	hone (Optional)	
Dev. Period						
	Date of Appointment (m	m/dd/yyyy)	End Date (One year from Appo	intment Date) Target H	ours (Min 40)	
			Yes			
Have you con	tacted your Superv	isor to set up	a meeting?			
Part II - Super	visor Information					
6						
Supervisor	Last Name		First	M.	I.	
Position:						
rosition.	Title					
Agency:						
	Organization	Sub-Org	ganization	Directorate or Offic	re	
Contact:						
	Work Email		Work Phone	Sec	condary Phone	



VA Pathways Individual Development Plan for Recent Grads

Part III - Mentor Review of IDP

Directions: All Recent Graduates must be assigned a mentor within 90 days from appointment date. The mentor cannot be within the direct chain of command and is usually assigned. It is permissible to share your IDP progress with your mentor however, it is not a requirement. If you want the mentor to review your IDP then select "yes" below.

Yes, allow my mentor to access my IDP

I do not currently have a mentor, but would like one

Part IV - Current Position

Directions: If you were hired into your position under the Pathways Recent Graduate Program you can only be converted into the same position in which you were hired. Therefore, we encourage you to use the following to capture information about your current position including a description of responsibilities and qualifications needed. This information should be in your position description. We encourage you to use the Careers tab on vacareers.va.gov to learn more about the position.

Current Position	
Provide a brief description of your position	
Provide qualifications for the position	
What competencies (skill sets) or knowledge areas does one need for this position?	
What duties are listed for this position?	



VA Pathways Individual Development Plan for Recent Grads

VA I attivays individual bevelopment I att for Recent Grads						
What key elements of your performance plan are you focusing on in this IDP?						
Is there additional informat page, you might learn more work environment is like.	ion you want to capture about your position? For example, on VA Careers about how your work interests align with those of the position or what the					



	VA Pathways Individual Development Plan for Recent Grads
Part V - Development P	lan
to focus on during your in conversion if this is an obje- reach your goals. Provide de costs, planned dates for exe	ave captured information about the position you are interested in, consider what you wanternship to close the "skill gap", improve performance or better prepare yourself for ective. Once you set some general goals and objectives below, list activities designed to etails such as how each activity correlates to a competency, the source for the activity, the ecution and completion and the hours spent. Keep in mind that you can update this planust get an initial approval for your plan within the first 45 days of your appointment.
Set some goals and objective	es for closing skill gaps and improving your performance during your internship.
which competency it relates not necessary to have this ir	elow to add an activity that relates to your development plan. For each activity, determine to most, the source for the activity, costs, planned dates for completion and hours. It is aformation now. Just be sure to complete before final submission. Also, make sure to for completion to your supervisor.
Activity:	
Which VA all employee competency does this activity relate to most?	
What technical competencies are addressed by this activity if at any? (Example: program management, financial planning, etc.)	
What is the source for the activity? (TMS, seminar, workshop etc.?)	
What is the tuition cost for this activity?	
What is the travel cost for this activity?	
When do you plan to do this activity?	
When do you plan to complete this activity?	
How many hours will be spent on this activity?	
Is there a certificate or other relevant document	

that shows completion?



VA Pathways Individual Development Plan for Recent Grads

Part VI - Review Periods and Signatures:

Directions: Once you get the initial approval for your IDP from your supervisor, you can continue to update the document over the course of your appointment, upload certificates of completion and modify your objectives and activities. When you are ready to submit your IDP at the end of your appointment, your supervisor needs to confirm you have completed your target hours and sign the final document with his or her signature.

her signature.					
Initial Plan Appı	oval:				
Participant:	Signature	Date:	mm/dd/yyyy		
Supervisor:	Signature	Date:	mm/dd/yyyy		
Updates to IDP:					
Participant:	Signature	Date:	mm/dd/yyyy		
Final Approve	al:				
Participant: I have completed the	e planned hours of training for my prog				
I have certificates or proof of completion for the training I completed. If you chose "Other" please explain describe below:			5 Other		
		Ye	s		
I am ready to submit	my final IDP for approval.				
	<u> </u>	Date:			
Cam.da.	Signature		mm/dd/yyyy		
Supervisor: I verify that		has completed his or her trainin	g goals, objectives and activities.		
			0 0 · · · · · · · · · · · · · · · · · ·		
	Signature	Date:	mm/dd/yyyy		