



INDIVIDUAL DEVELOPMENT PLAN

A. EMPLOYEE'S PROFILE

Name (Last, First, MI)	Sex M/F	Age	Position and Salary Grade [Year(s) in the position]	Division/Office	Supervisor's Name	Period (3 years)
ALDOVINO, ANDREW, E	M	33	AO I, SG 10, (4 YEARS)	Management Services Division/ PENRO Marinduque	EDEN P. PALACIOS	2023-2025

B. DEVELOPMENT PLAN

(Based on the competency assessment conducted and/or the results of the review of performance, please identify the top gaps or weaknesses among the competencies assessed that the employee needs to focus for development, improvement or enhancement. It would be best to prioritize FIVE (5) developmental areas over a three-year period.)

Development Targets	Developmental Activity	Success Indicators	Planned Completion Date	Means of Verifications	Completed Date	Remarks
OC1 – WRITING EFFECTIVELY	Attendance to relevant trainings workshops Coaching and Mentoring	Able to write effectively	2 nd Quarter 2023	Certificate of Completion		
OC4 – PROJECT MANAGEMENT	Attendance to relevant trainings workshops Coaching and Mentoring	Able to develop and prepare project / research proposal	1 st Quarter 2024	Certificate of Completion		
OC2 – SPEAKING EFFECTIVELY	Attendance to relevant trainings workshops Coaching and Mentoring	Able to actively participate in discussions	3 rd Quarter 2025	Certificate of Completion		

I acknowledge and understand my individual development plan as discussed with my supervisor. I affirm that the development targets and the corresponding details indicated in my IDP will contribute in the delivery of service excellence in the Department. I, therefore, commit to accomplish the targets in the given period.

Employee Signature:	Date April 27, 2023	Supervisor Signature Eden P. Palacios	Date
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