Aspen Family Business Group

# Individual Development Plan

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|---|---|
| Employee Name: | Job Title: |
| Plan Period: | Supervisor Name: |

## Goal Statement

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## Activities

Action to develop this skill/competency

| On the Job Actions | Timing | Measure of Success |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# Training & Education

Courses to develop this skill/competency

| Course/Program | Timing | Cost | Status |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Employee Signature | Date | Supervisor Signature | Date

**Empowering family businesses of all sizes**

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