

PERSONAL CAREER DEVELOPMENT PLAN



DEPARTMENT OF VOCATIONAL
REHABILITATION

Putting People & Solutions To Work

Select Appropriate Plan:

☐ Original Plan _____ Date _____
☐ Amended Plan _____ Date _____
☐ Achieved Plan* _____ Date _____

*Attach new PCDP

PERSONAL CAREER DEVELOPMENT PLAN

PURPOSE: The Personal Career Development Plan is designed to encourage and assist staff in the pursuit of continuous professional development and to promote quality services for Kentuckians with disabilities.

INSTRUCTIONS:

1. Personal Career Development Plans (PCDP) are to be developed and signed by the supervisor and the employee within three months of date of employment.
2. A copy of the original and amended plans will be sent to the Human Resource Development Branch.
3. PCDP will be reviewed, initialed, and dated annually by the supervisor and employee.
4. Specific training must be included to be eligible for training assistance.

EMPLOYEE NAME _____ SS# _____

CURRENT POSITION: (check one)

- ☐ Administrator ☐ Field Administrator ☐ Counselor ☐ Assistant
☐ Rehabilitation Engineer ☐ Rehabilitation Technologist ☐ Evaluator
☐ Employment Specialist ☐ Interpreter ☐ Instructor ☐ Recreation Staff
☐ OT/PT Staff ☐ Nursing Staff ☐ Psychologist ☐ Other _____

Working Title _____

DATE EMPLOYMENT BEGAN WITH THE DEPARTMENT _____

OFFICE LOCATION _____ DISTRICT # _____

PROFESSIONAL CERTIFICATION/LICENSURE _____ DATE OBTAINED _____

POST-SECONDARY EDUCATION IF APPLICABLE:

SCHOOL	DEGREE	DATE COMPLETED

KENTUCKY
DEPARTMENT OF
VOCATIONAL
REHABILITATION



CABINET FOR
WORKFORCE
DEVELOPMENT

PERSONAL CAREER DEVELOPMENT PLAN

EMPLOYEE NAME _____

SS# _____

Continuous Improvement Goal	Steps Needed to Reach Goal	Time Frame	Evidence of Achievement	Date Completed	Annual Review	Initial & Date of Review

IF YOU HAVE A DEPARTMENT CAREER GOAL PLEASE INDICATE: _____

Employee's Signature Date

Supervisor's Signature Date

PERSONAL CAREER DEVELOPMENT PLAN INSTRUCTIONS

Employee Name	Print or type your first and last name
SS#	Enter your 9 digit social security number
Current Position	Check your current position, if your position is not listed check 'other' and fill in your working title
Date Employment Began with the Department	Enter your initial date of employment with the Department
Office Location	Enter your current office location, city only
District Number	Enter the district number you work in
Professional Certification/License	List any certifications or licenses you hold at the present time
Date Obtained	Enter the date you obtained the certification or license. If you renew your certification or license at regular intervals, please enter the date you first became certified or licensed
Post-Secondary Education	Enter any colleges, universities, and technical schools you have attended, what degree, diploma, or certification you obtained and the date completed. For post-secondary education in which you are currently enrolled list the "anticipated" date of completion
Completion of Goals	If you have completed all the Continuous Improvement Goals listed on your PCDP, sign, date and send a copy to the Human Resource Development Branch. At this time, complete a new PCDP outlining new goals
Continuous Improvement Goal	With one goal per block, list your personal career goals. Some examples might include: Increase knowledge of Microsoft Access, Obtain Master's in Rehabilitation Counseling, Become Certified Rehabilitation Counselor, Become Certified Public Manager, Increase Stress Management Abilities, etc.
Steps Needed to Reach Goal	List the steps needed to obtain your continuous improvement goal. Some examples might include: Attend GSC stress management classes, Begin Master's in Rehabilitation Counseling at University of Kentucky, Enroll in Certified Public Manager's training through GSC, Attend annual APSE and KRA conference to maintain CRC, etc
Time Frame	Indicate the anticipated beginning and ending month/year to reach your goal. Some goals will be "ongoing" and can be entered in place of a specific date
Evidence of Achievement	Indicate what will determine if you have successfully achieved your goal. For example, if your goal is to obtain your MRC, you could simply put Degree. If your goal is to improve your knowledge of Microsoft Access, you could put GSC Certificate of completion
Date Completed	Indicate the date the goal was achieved
Annual Review	During the month of October, you and your supervisor will review your progress on your PCDP during the previous fiscal year. In this section make any comments and/or amendments needed to reflect progress toward the goal. Mail amended plan to Human Resource Development branch
Initial & Date	Both you and your supervisor initial and date each goal to indicate it has been reviewed
Department Career Goals	If you have an interest in working toward another position within the Department or have special skills you would like utilized, indicate here



Required Training

Skills Enhancement Training (SET) (☐ Date Completed _____)

This training is required of all employees and is to be completed within the first year of employment. There are currently four components to the SET agenda with the scheduled dates listed on the Intranet calendar. Registrations for the SET courses are made via Flea Penn. Attendance is mandatory and employees may only be excused for extreme circumstances with the approval of the supervisor.

Other Required Training

- ☐ Sexual Harassment (Date Completed _____)
- ☐ Violence in the Workplace (Date Completed _____)
- ☐ Stress Management (Date Completed _____)
- ☐ Teams (Date Completed _____)
- ☐ Customer Service (Date Completed _____)
- ☐ Presentation Skills (Date Completed _____)

These classes are to be completed within the first two years of employment. All classes are available through the Governmental Services Center (GSC) with the exception of Sexual Harassment, which is provided by the Workforce Development Cabinet, Human Resource Development Office. You will be notified when the Sexual Harassment class is being offered and may register at that time.

All class schedules for GSC are located on their web site at: <http://gsc.state.ky.us> To register for the GSC classes, please complete the DVR Pre-Approval form and send it to Flea Penn, HRD Branch, in Central Office. *Upon completion of a class, please send Flea a copy of your GSC certificate of completion.*