PERSONAL CAREER DEVELOPMENT PLAN



DEPARTMENT OF VOCATIONAL REHABILITATION

Putting People & Solutions To Work

Select Appropriate Plan:			
Original Plan	Amended Plan		ved Plan*
	hanges needed Date		Date h new PCDP
PURPOSE: The Personal in the pursuit services for MINSTRUCTIONS: 1. Personal Career Development and the emula development Branch.	Career Development Platof continuous profession of continuous profession of continuous profession of continuous with disability and the continuous continu	an is designed to enco onal development and ities. are to be developed an nths of date of employ be sent to the Human	ourage and assist staff to promote quality d signed by the yment. n Resource
 PCDP will be reviewed Specific training must 			
Rehabilitation Engineer Employment Specialist OT/PT Staff Nursing	eck one) Administrator	lor Assistant blogist Evaluator tor Recreation Staff Other Working Title	KENTUCKY DEPARTMENT OF VOCATIONAL REHABILITATION
DATE EMPLOYMENT BEC	SAN WITH THE DEPART		CABINET FOR
PROFESSIONAL CERTIFI	CATION/LICENSURE	DISTRICT # DATE OBTAIN	WORKFORCE DEVELOPMENT IED
POST-SECONDARY EDUC SCHOOL		DEGREE	DATE COMPLETED

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 D	EPARTMENT CAREER GOA	L PLEASE	INDICATE:			1
					<u>-</u>	
Employee's Signatu	ire Date			Supervisor's Sign	ature Date	

PERSONAL CAREER DEVELOPMENT PLAN INSTRUCTIONS

Employee Name	Drint or type your first and lost name		
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	Enter your initial date of employment with the Department		
Began with the Department			
Office Location	Enter your current office location, city only		
District Number	Enter the district number you work in		
Professional	List any certifications or licenses you hold at the present time		
Certification/License	List arry certifications of licenses you floid at the present time		
Date Obtained	Enter the date you obtained the certification or license. If you renew your		
Date Obtained	certification or license at regular intervals, please enter the date you first became certified or licensed		
Post-Secondary	Enter any colleges, universities, and technical schools you have attended,		
Education	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	With one goal per block, list your personal career goals. Some examples		
Improvement Goal	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	List the steps needed to obtain your continuous improvement goal. Some		
Reach Goal	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		
F	specific date		
Evidence of	Indicate what will determine if you have successfully achieved your goal.		
Achievement	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,		
Data Oans I to I	you could put GSC Certificate of completion		
Date Completed	Indicate the date the goal was achieved		
Annual Review	During the month of April or August, 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		
Lateral O.D. d	branch		
Initial & Date	Both you and your supervisor initial and date each goal to indicate it has		
December 10	been reviewed		
Department Career	If you have an interest in working toward another position within the		
Goals	Department or have special skills you would like utilized, indicate here		