POSTDOC INDIVIDUAL DEVELOPMENT PLAN

Part One (To be completed by trainee)

Trainee Name

Mentor (list all)

Starting date in the lab

Review Date

PROGRESS REVIEW: RESEARCH AND PROFESSIONAL TRAINING IN THE PAST YEAR Brief Overview of your research projects (Primary and secondary)

Project Summary and accomplishments:

II. Professional Progress Publications, patents, honors/awards (including submissions)

National / International / Professional Meetings attended:

Self Review Form

Seminar Presentations:

Courses, workshops completed:

New areas of research or technical expertise acquired in the past year:

Teaching activity

Other professional activities not identified in previous section(s)

III. Please assess your performance with respect to:	NEEDS IMPROVEMENT*	Solid Performance	EXCEPTIONAL PERFORMANCE
Knowledge of: Chosen Scientific Discipline			
Basic Laboratory Skills			
Knowledge of Specialized Techniques			
Analytical and Quantitative Methods			
Management skills			
Laboratory Records and Data Management			
Productivity			
Quality of Work			
Communication Skills- written			
Communication Skills - oral			
Cooperation with Others			
Independent Management of Research Project(s)			
Effort			

IV. Professional objectives and plans Indicate your career goal(s):

Based on the stated career goal(s), what further research activity or other training is needed before you think it is appropriate to start a job search?

Are there any professional development activities/opportunities would you like to pursue in the next review cycle that would enhance your performance and skill development? (training / course work, conferences, projects, etc.)

POSTDOC INDIVIDUAL DEVELOPMENT PLAN

PART Two (To be completed by the Mentor(s))

Trainee	
Department	
Mentor's Name	
Review Date	
Progress Review: Re	search and Professional Training in the Past Year
Brief Overview of trai	inee's research project and major accomplishments in the past year. (Were the ere set during the last review period/progress report or at the time of the initial
Project Overview and a	accomplishments:

Mentor/Trainer Review Form

PART Two (To be completed by the Mentor(s)- continued					
Are there specific areas where the trainee excels?					
Are there encoifie gross where improvement is desire					
Are there specific areas where improvement is desira					
	News	0 - 1 - 1	-		
Please assess the trainee's performance with respect to:	NEEDS IMPROVEMENT	Solid Performance	EXCEPTIONAL PERFORMANCE		
Please assess the trainee's performance with respect to: Knowledge of: Chosen Scientific Discipline					
respect to:					
respect to: Knowledge of: Chosen Scientific Discipline					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques Analytical and Quantitative Methods					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques Analytical and Quantitative Methods Management skills					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques Analytical and Quantitative Methods Management skills Laboratory Records and Data Management					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques Analytical and Quantitative Methods Management skills Laboratory Records and Data Management Productivity					
respect to: Knowledge of: Chosen Scientific Discipline Basic Laboratory Skills Knowledge of Specialized Techniques Analytical and Quantitative Methods Management skills Laboratory Records and Data Management Productivity Quality of Work					
respect to:Knowledge of: Chosen Scientific DisciplineBasic Laboratory SkillsKnowledge of Specialized TechniquesAnalytical and Quantitative MethodsManagement skillsLaboratory Records and Data ManagementProductivityQuality of WorkCommunication Skills					

Additional comments/observations (suggest and explain how the trainee's experience can be improved)

PART THREE (To be completed by Mentor and Trainee)

PLANS FOR UPCOMING YEAR / NEXT REVIEW CYCLE Goals, Projects and Responsibilities that were mutually discussed and selected for the next review period

Research and other training plans:

Anticipated publication(s) (indicate projected titles and journals)

Anticipated meeting(s) or workshop(s) to be attended:

Fellowship or other funding applications planned (indicate name of award):						
Other professional training (if course work	k indicate n	ame of course):				
Mentor		Trainee				
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Mentor 1 signature	date	signature	date			
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Mentor 2 signature	date]				

Send copy of the review to the Department and the Office of Postdoctoral Affairs at the Graduate School