

Council for Technical Education and Vocational Training
School of Health Science
Bharatpur-10, Chitwan, Nepal

HUMAN RESOURCE DEVELOPMENT UNIT
PROFESSIONAL GROWTH PLAN

The aim of this PROFESSIONAL GROWTH PLAN is to define areas of concern in your work performance and allow you the opportunity to demonstrate improvement and also commitment.

Staff member's name: _____

Position held: _____

Department: _____

Supervisor's name: _____

Areas of concern in your work performance

Mention your limitations:

1.
2.
3.
4.

Improvement goals (related to areas of concern to be improved and addressed)

1.	
2.	
3.	
4.	

Activities that will help you reach each goal

Goal #	Plan/ Strategies	Timeline	Indicators or measures of success	Comments
1.				
2.				
3.				
4.				

INITIAL REVIEW (August/Sept.)	FINAL EVALUATION (June/July)
STAFF MEMBER'S SIGNATURE:	STAFF MEMBER'S SIGNATURE:
SUPERVISOR'S SIGNATURE:	SUPERVISOR'S SIGNATURE:
DATE:	DATE: