



INDIVIDUAL ASSESSMENT AND DEVELOPMENT PLAN

INSTRUCTIONS: Individuals interested in participating in the County's Succession Planning Program must complete an Individual Assessment and Development Plan for the position of interest. Please review the requirements and competencies needed for position(s) listed on the Succession Planning section of the Human Capital Development website, and complete this assessment form listing the competencies you wish to develop along with your learning strategy to increase your knowledge and skills for the position(s). The Human Resources Department will provide guidance regarding developing and finalizing your development plan. Please contact your Department Personnel Representative or the Human Resources Department at (305) 375-7790 for additional instructions as needed. Completed forms should be sent to the Department Personnel Representative (DPR) where the opportunity resides. You can find the link to the list of DPRs at www.miamidade.gov/hr.

Employee Name	Employee ID No.	Work Phone	Email Address
Current Job Title	Current Department	Length of Time In Current Job	Current Supervisor's Name
Target Job Title/Position		Position Number (If any)	Department/Division

I. TECHNICAL COMPETENCIES: (TO BE COMPLETED BY EMPLOYEE)

Using the Position Evaluation Form, list the technical competencies, requirements, and/or certifications you feel need further development. (e.g., CPA, Knowledge of GASB statement no. 34, experience in integrated marketing, knowledge of County geography, general contractor designation)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

II. CORE COMPETENCIES: (TO BE COMPLETED BY EMPLOYEE AND SUPERVISOR)

Utilizing the following scale, please indicate the competencies where further development is needed for you to be fully functional and successful in the position. Add additional competencies as necessary. (Note: Honest evaluation is critical in assisting the employee to prepare for the target position.)

1 = Somewhat Effective **2** = Effective but can benefit from further training **3** = Very Effective

COMPETENCY	Rating	COMPETENCY	Rating	ADDITIONAL COMPETENCIES	Rating
Adaptability		Diversity Awareness /Management		Strategic Thinking	
Business Acumen and Entrepreneurship		Ethics, Integrity and Honesty		Teamwork and Group Leadership	
Communication		Influencing and Negotiating			
Continual Learning		Performance Mgmt/Results Orientation			
Customer Service		Political Savvy			
Decisiveness		Problem Solving and Technical Credibility			
Developing Others		Service Motivation / External Awareness			

IV. QUARTERLY ASSESSMENT AND FEEDBACK: (TO BE COMPLETED BY SUPERVISOR)

DATE	AREA OF DEVELOPMENT	COMMENTS	RECOMMEND FURTHER DEVELOPMENT?	
			YES	NO
DATE	AREA OF DEVELOPMENT			
DATE	AREA OF DEVELOPMENT			
DATE	AREA OF DEVELOPMENT			
DATE	AREA OF DEVELOPMENT			

OVERALL ASSESSMENT:

EMPLOYEE DECLARATION:

I understand that it is my responsibility to inform my supervisor that I wish to participate in the Miami-Dade County Succession Planning Program. I also acknowledge that my personal development through this Individual Development Plan is my responsibility and that my self development efforts will not adversely impact performance in my normal County work duties and assignment and responsibilities.

Employee Name (Please Print)	Employee Signature	Date
Name of Supervisor (Please Print)	Signature of Supervisor	Date