

Customized Employee Learning Plan

Employee Name

Employee ID

Department

Position/Role

Manager/Supervisor

Date

1. Individual Learning Goals

Describe the specific skill

2. Competency Assessment (Current Level vs Desired Level)

Competency/Skill	Current Level	Desired Level	Notes
e.g., Project Management	e.g., Beginner	e.g., Intermediate	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Learning Activities & Resources

Activity/Resource	Type (e.g., Course, On-Job)	Timeline	Status
e.g., Online Course XYZ	e.g., Course	e.g., Q1 2024	e.g., Planned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Support Required

What support is needed

5. Progress Evaluation & Review

Describe how and when learning will be evaluated

Employee Signature Sign or type name

Manager/Supervisor Signature Sign or type name

Review Date