

Workforce Skills Development Plan

Employee Information

Name	
Position/Title	
Department	
Manager/Supervisor	
Date	

Current Skills Assessment

Skill/Competency	Current Level	Comments/Examples

Development Goals

Skill to Develop	Goal Description	Priority

Development Activities

Activity/Training	Method	Target Date	Support Needed

Progress & Review

Date	Progress/Comments	Reviewed By

Signatures

Employee Signature:

Manager/Supervisor Signature:

Date:
