



## INDIVIDUAL DEVELOPMENT PLAN FOR POSTDOCTORAL FELLOWS

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Mentor/Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

The Individual Development Plan, or IDP, provides a framework for trainee-initiated reflection, goal setting, and productive mentoring conversations. Instructions for this document can be found in the **NCAS-M II supplemental guide**. Please be sure to develop your proposed goals in alignment with “SMART” (Specific, Measurable, Achievable, Relevant, and Time-Bound) outcomes.

### CAREER & LONG-TERM GOALS AFTER GRADUATION

*Please list two career/long-term goals and be as specific as possible. Saying “faculty member” is not very specific, for example, because there are different types of faculty positions – research focused, teaching focused, and balanced. (If goals have changed from previous submission, please explain)*

### COMMENTS

*Please discuss any academic, financial, personal, or professional challenges/successes that influenced your progress since the last review meeting.*

### SHORT-TERM GOALS FROM PRIOR REVIEW PERIOD

*Utilizing your previous IDP submission, please copy & paste goals under ‘Goal Description’ column (if applicable). Discuss your progress in the second column with a thorough explanation of all achievements and challenges connected with goal description.*

Goal Description (Fellow)	Progress During Prior Period (Fellow)



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### MENTOR/COMMITTEE COMMENTS

Please use this space to provide constructive feedback on anything related to goals from previous review period.

### SHORT-TERM GOALS FOR THE UPCOMING REVIEW PERIOD

Reminder: Make sure to provide a date/term to each goal description and provide deadlines within the date/term period. In addition, be sure to make goals "SMART".

Date/Term	Goal Description and Deadlines

### MENTOR/COMMITTEE COMMENTS

Please use this space to provide constructive feedback on anything related to goals within the upcoming review period.

### FINAL INSTRUCTIONS

#### Student/Postdoc

Sign and date this form in the space below

**Submit this signed, completed IDP form and a current copy of your curriculum vitae (CV) as a single PDF to the [NCAS-M Director](#) . Please note that maintaining postdoctoral funding requires you submit IDP to NCAS-M II semiannually in collaboration with mentor/advisor.**

Student/Postdoc Signature

Date

Faculty Mentor Signature

Date

#### Mentor/Program Advisor

All faculty involved in this review should (1) carefully review all materials, (2) provide feedback, (2) sign and date this form, (3) make copies for your own records, and (4) return a copy to the fellow.

Indicate when the postdoc should initiate another review:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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