U.S. Department of Veterans Affairs

PATHWAYS
FOR STUDENTS & RECENT GRADUATES TO FEDERAL CAREERS

DEPARTMENT OF VETERANS AFFAIRS

Pathways Individual Development Plan for Interns

My Pathways Individual Development Plan (IDP)

This Individual Development Plan (IDP) is a basic requirement for Recent Graduates and Presidential Management Fellows and a standard practice across VA. Though Pathways regulations do not require an IDP for Pathways Interns, VA highly recommends one as a way to identify and complete developmental activities that will enhance skills, deepen an understanding of VA, and create a pathway to the future.

There is no minimum training requirement for Interns, however, it is recommended that you set training goals with your supervisor and not over commit while also managing an academic schedule.

When you have completed the first draft of the IDP, it should be reviewed with your supervisor, then finalized. IDP should be signed by participant and supervisor within 45 days of starting internship.

To contact Pathways Program Office, email pathways@va.gov.

Part I - Participant Information

Participant:

Last Name *First* *M.I.*

Position: GS 0

Title *Series*

Agency:

Organization *Sub-Organization* *Department/Directorate/Office*

Contact:

Work Email *Work Phone* *Secondary Phone (Optional*

Dev. Period

Date of Appointment (mm/dd/yyyy) *End Date (Actual Program End Date or Anticipated Graduation Date*

Have you contacted your Supervisor to set up a meeting? Yes ☐ No ☐

Part II - Supervisor Information

Supervisor

Last Name *First* *M.I.*

Position:

Title

Agency:

Organization *Sub-Organization* *Directorate or Office*

Contact:

Work Email *Work Phone* *Secondary Phone*

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Part III - Mentor Review of IDP
Directions: Pathways Interns are not required to have a mentor though one is highly recommended. The mentor should not be in your direct chain of command and is usually assigned. If you want the mentor to review your IDP then select"yes" below. ☐ Yes, allow my mentor to access my IDP ☐ No, I do not wish to share my IDP information with my mentor ☐ I do not currently have a mentor, but would like one

Part IV - Target Position/Career Path	
Directions: If your goal is to obtain permanent employment with VA upon graduation, Pathways provides an opportunity to pursue a non-competitive placement into a position in your same job series should you qualify (i.e. 0399 = 03xx). We encourage you to visit the Careers tab on vacareers.va.gov to learn more about these positions and to capture that information below.	
Target Position	
Is this in the same series as your current position?	☐ I'm not sure ☐ Yes, and I understand that I can qualify for a non-competitive placement in this same series when I graduate ☐ No, and I understand that I would have to compete for this position.
What competencies (skill sets) or knowledge areas does one need for this position?	
What education and licensure is required?	
What duties are listed for this position?	

What work interests are listed for this position?	
What is the work environment profile for this position?	
What Professional Associations are associated with this position?	
What else did you find that was of interest about this position?	
What else do you want to find out?	

Part V - Development Plan

Directions: Now that you have captured information about the position you are interested in, consider what you want to focus on during your internship to close the "skill gap", improve performance or better prepare yourself for conversion if this is an objective. Once you set some general goals and objectives below, list activities designed to reach your goals. Provide details such as how each activity correlates to a competency, the source for the activity, the costs, planned dates for execution and completion and the hours spent. Keep in mind that you can update this plan over time. **However, you must get an initial approval for your plan within the first 45 days of your appointment.**

Set some goals and objectives for closing skill gaps and improving your performance during your internship.

Directions: Use the form below to add an activity that relates to your development plan. For each activity, determine which competency it relates to most, the source for the activity, costs, planned dates for completion and hours. It is not necessary to have this information now. Just be sure to complete before final submission. Also, make sure to upload a certificate or proof of completion.

Activity:	
Which VA all employee competency does this activity relate to most?	
What technical competencies are addressed by this activity if at any? *(Example: program management, financial planning, etc.)*	
What is the source for the activity? (TMS, seminar, workshop etc.?)	
What is the tuition cost for this activity?	
What is the travel cost for this activity?	
When do you plan to do this activity?	
When do you plan to complete this activity?	
How many hours will be spent on this activity?	
Is there a certificate or other relevant document that shows completion?	

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Part VI - Review Periods and Signatures:

Directions: Once you get the initial approval for your IDP from your supervisor, you can continue to update the document over the course of your appointment, upload certificates of completion and modify your objectives and activities. When you are ready to submit your IDP at the end of your appointment, your supervisor needs to confirm you have completed your target hours and sign the final document with his or her signature.

Initial Plan Approval:

Participant: _____ **Date:** _____
Signature *mm/dd/yyyy*

Supervisor: _____ **Date:** _____
Signature *mm/dd/yyyy*

Updates to IDP: _____

Participant: _____ **Date:** _____
Signature *mm/dd/yyyy*

Final Approval:

Participant:

I have completed the planned hours of training for my program. Yes ☐ No ☐

I have uploaded certificates or proof of completion for the training I completed. If you chose "Other" please explain describe below: Yes ☐ No ☐ Other ☐

_____

I am ready to submit my final IDP for approval. Yes ☐ No ☐

_____ **Date:** _____
Signature *mm/dd/yyyy*

Supervisor:

I verify that _____ **has completed his or her training goals, objectives and activities.**

_____ **Date:** _____
Signature *mm/dd/yyyy*