**INDIVIDUAL CAREER DEVELOPMENT PLAN FOR TEACHING PERSONNEL**

For Year \_\_\_\_\_\_\_\_\_\_\_

This form intends to determine your career plans in terms of professional development, research, and extension in your area of specialization. Your responses will be processed to identify annual faculty & personnel career development interventions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: | Click or tap here to enter text. | **Date Today**: | Click or tap here to enter text. |
| **Department/Unit**: | Click or tap here to enter text. | **College/Office:** | Click or tap here to enter text. |
| **Position**: | Click or tap here to enter text. | **Other Designation/s:** | Click or tap here to enter text. |

1. **CAREER ASPIRATIONS**

Please state your career goals or plans.

Click or tap here to enter text.

1. **EDUCATIONAL ATTAINMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Degree** |  | **School Attended** |  | **Inclusive Dates / Units Earned** |
| Undergraduate | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Diploma Course | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Master’s/J.D. | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Doctorate | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

1. **POSTGRADUATE DEGREE PLAN**

Please specify your plans to pursue higher degree, local or abroad, **if any**. You may include plan for retooling if needed in your area of specialization. Please mark N/A if none.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree to Pursue** | **School to Attend** | **Current Status** *(Please mark check ✓)* | **Target Date** | **Assistance Needed** *(Please mark check ✓)* |
| From | To |
| *Master’s Degree:*Click or tap here to enter text. | Click or tap here to enter text. | ☐Earned Units: \_\_\_\_\_\_\_\_☐Acad. Reqts Completed☐Thesis Writing On-going☐Candidate for Graduation | Click or tap here to enter text. | Click or tap here to enter text. | ☐TSU Local Scholarship☐Externally Funded Scholarship☐Thesis Writing Assistance☐Not Applicable/Not Needed☐Others: Click or tap here to enter text. |
| *Doctorate Degree:*Click or tap here to enter text. | Click or tap here to enter text. | ☐Earned Units: \_\_\_\_\_\_\_\_☐Acad. Reqts Completed☐Dissertation On-going☐Candidate for Graduation | Click or tap here to enter text. | Click or tap here to enter text. | ☐TSU Local Scholarship☐Externally Funded Scholarship☐Dissertation Assistance☐Not Applicable/Not Needed☐Others: Click or tap here to enter text. |

1. **TECHNICAL/SPECIALIZATION TRAINING NEEDS**

Please specify below the technical competencies you would like to receive a training on to support your current job and career aspirations. This would help the University formulate its Training Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Knowledge/Skills/Attitude** | **Competency Level** *(Please mark check✓)* | **Training Provider** | **Target Date** | **Training Cost****(Registration, Accommodation, Travel Expense, etc.)** |
| Click or tap here to enter text. | ☐Basic☐Intermediate | ☐Advanced☐Expert | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | ☐Basic☐Intermediate | ☐Advanced☐Expert | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | ☐Basic☐Intermediate | ☐Advanced☐Expert | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*Add additional row/s if necessary*

1. **TOPICS OF INTEREST/ SUBJECT-MATTER EXPERTISE**

Please list down below the area or topics you have expertise with. **If not applicable, mark N/A.**

|  |  |
| --- | --- |
| 1. Click or tap here to enter text. | 4. Click or tap here to enter text. |
| 2. Click or tap here to enter text. | 5. Click or tap here to enter text. |
| 3. Click or tap here to enter text. | 6. Click or tap here to enter text. |

1. **EXTENSION SERVICES TARGETS AND PLANS**

Please specify below your plans for extension services. **If not applicable, put N/A.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic/Title** | **Services to offer** | **Organization/ Beneficiary/ies** | **Target Date** | **Nature of Extension Service** |
| Click or tap here to enter text. | ☐Training☐Consultancy | ☐Technical Assistance☐Others\_\_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. |  | ☐Voluntary☐W/ Service Credits☐W/ Honorarium |
| Click or tap here to enter text. | ☐Training☐Consultancy | ☐Technical Assistance☐Others\_\_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. |  | ☐Voluntary☐W/ Service Credits☐W/ Honorarium |
| Click or tap here to enter text. | ☐Training☐Consultancy | ☐Technical Assistance☐Others\_\_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. |  | ☐Voluntary☐W/ Service Credits☐W/ Honorarium |

*\*Add additional row if necessary*

1. **RESEARCH PLANS**

Please specify below your plans for research activities.Kindly attach your researcher’s profile (TSU-URO-SF-03). **If not applicable, put N/A.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Topic/Title to conduct** | **Nature of Involvement** | **Target Date** | **Assistance Needed** *(Please mark check ✓)* |
| From | To |
| Click or tap here to enter text. | ☐Lead Researcher☐Co-Researcher | Click or tap here to enter text. | Click or tap here to enter text. | ☐Research Writing Assistance☐Data Gathering☐Statistics Need☐Presentation☐Publication☐Not Applicable/Not Needed☐Others: Click or tap here to enter text. |
| Click or tap here to enter text. | ☐Lead Researcher☐Co-Researcher | Click or tap here to enter text. | Click or tap here to enter text. | ☐Research Writing Assistance☐Data Gathering☐Statistics Need☐Presentation☐Publication☐Not Applicable/Not Needed☐Others: Click or tap here to enter text. |

*\*Add additional row if necessary*

1. **AFFILIATION OR MEMBERSHIP PLANS/ NEEDS**

Please specify plans of membership to professional organizations for career development. If not applicable, mark N/A.

|  |  |  |
| --- | --- | --- |
| **Target Organization** | **Year** | **Membership Funding** |
| **Amount** | **Source** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | ☐Personal☐Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | ☐Personal☐Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | ☐Personal☐Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*Add additional row if necessary*

By signing below, I am agreeing with the Data Privacy Policy of the University and therefore giving my consent to the HRDMO the collection, processing, releasing and retention of my personal data herein provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submitted by: |  |  |  | Reviewed by: |
|  |  |  |  |
| Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| *Personnel* |  |  | *Unit Head* |

|  |  |
| --- | --- |
|  | Approved: |
|  |
| Click or tap here to enter text. |
| *College Dean/Director* |