

Individual Development Plan (IDP)

UTRGV SOM Faculty Mentoring Program

Instructions to Mentees:

Please complete this form and give a copy to your mentor before your Mentoring session.

Instructions to Mentors:

Please review the mentee's CV and this form prior to meeting your mentee.

Date:

Mentee Name:

Mentor Name:

Time Allocation in Mentee MOA:

- % Teaching/Training/Providing Mentoring
- % Research
- % Patient Care
- % Administration/Other Services

How (if at all) would you like to change this time distribution?

1. things you're doing now that you want to quit
2. things you've just been asked to do that you want to refuse to do
3. things that you're doing that you want to continue
4. things that you're not doing that you want to start
5. strategies for improving the balance within the above 4 categories

Academic Appointment

Do you understand the series to which you are appointed and the expectations for advancement in this series?

Yes

No

Explain:

Current Professional Responsibilities

List your major professional responsibilities and if you anticipate significant changes in the coming year:

1.

2.

3.

4.

5.

Future Professional GoalsShort Term Goals

List your professional goals for the coming year. Be as specific as possible, and indicate how you will assess if the goal was accomplished (expected outcome).

1. Goal:

Expected outcome:

2. Goal:

Expected outcome:

3. Goal:

Expected Outcome:

Long Term Goals

List your professional goals for the next 3-5 years. Again, be specific, and indicate how you will assess if the goal was accomplished.

1. Goal:

Expected Outcome:

2. Goal:

Expected Outcome:

3. Goal:

Expected Outcome:

