

# Supervisor Development Plan

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| **Supervisor** |
| Name:      | Component/Organization:      | Title:      |
| Office Phone:      | Email:      | Supervisor Name/Title      |
| How did you identify the development needs reflected on this Plan? Please check all that apply: |
| * 360 degree feedback instrument that includes employee feedback
* Peer, Customer, or other Stakeholder feedback
* Current or future performance needs based on supervisor observation
* Current or future performance needs based on self-assessment
* Other:
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| **SUPERVISOR DEVELOPMENT PLAN CONCURRENCE EOD or 10/01** |
| Per the signatures and dates below, I will pursue completion of all requirements under the Cornerstone tier and additional leadership development activities identified in this plan, as supported by my supervisor. |
| Signature:      |  | Supervisor Signature:      |  |

| **CORNERSTONE TIER *REQUIREMENTS* FOR ALL DHS FIRST-LINE SUPERVISORS** |
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| **Requirement** | **Description** | **Completion Date** | **Reflections** |
| **If You’re NEW to DHS:** **Supervisor Onboarding: L90X** (First 90 days after EOD in Supervisor position) | (Enter component-specific L90X details here for 8 hours Mentoring; Orientation; Leadership Assessment) |       |       |
| **If You’re a NEW Supervisor or NEW TO FEDERAL SERVICE:** Fundamental of DHS Leadership* Supervisor as Leader
* Federal Management Construct
* Organizational Construct
 | (Enter component-specific Fundamentals Program details here, covering 18 essential leadership knowledge areas)  |       |       |
| **If You’re SEASONED: Continuous Supervisory Leader Development**(12 hours annual self-development in the following Core Competencies:* Performance Management (required)
* Human Capital Management
* Financial Management
* Developing Others
* Oral Communication
* Conflict Management
* Political Savvy
* Engagement and Moral (required)
 | (Enter component-specific details here) |       |       |
| **If you’re SEASONED: Continuous Supervisory Leader Development**(12 hours annual leader-as-teacher give back) | (Enter component-specific details here. Example: Choose any of the following activities: guest speaker; become a mentor; write an article on leadership, etc.) |  |       |

**Please submit Immediate Feedback upon completion of activity, and Follow Up feedback 6 months after completion of activity. For evaluation forms and further instruction, please contact: componentPMxxx@xxx.dhs.gov**

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| **OVERALL DEVELOPMENT GOALS** |
| **Development Goals** | **Competency to be Developed** | **Skill(s) to Demonstrate** | **Developmental Activity (include cost) \*If Rotational Assignment, please complete RA addendum** | **Completion****Date** | **Did you achieve the learning objective(s) established for this developmental plan?** |
| Development Goal #1:Link to Performance Plan Goal # |  |  |  |  | * **Fully**
* **Incomplete**
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| Development Goal #2:     Link to Performance Plan Goal # |  |  |  |  | * **Fully**
* **Incomplete**
 |
| Development Goal #3:Link to Performance Plan Goal # |  |  |  |  | * **Fully**
* **Incomplete**
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| Development Goal #4:Link to Performance Plan Goal # |  |  |  |  | * **Fully**
* **Incomplete**
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| **Rotational Assignment Addendum (optional)** |
| Please complete this form if you are undertaking a rotational assignment (rotation must be for a minimum of 120 calendar days, into another position or assignment in which you broaden your supervisory knowledge, skills and experience), shadowing, detail, etc. to meet your developmental goals **Name: Title/Position of Record:**  |
| **Type:** [ ]  Developmental Assignment (internal and external) [ ]  Developmental Assignment as part of a formal development program [ ]  Detail [ ]  Acting Roles [ ]  IPA [ ]  Sabbatical [ ]  Other **Duration**:  |
| **RA Position/Organization** |  |
| **Re-integration Plan** | **How will the knowledge, skills, and perspectives gained through the RA be** 1. Shared back (presentation, paper, briefing, other):
2. Applied in the home organization (change of duties, specific new projects, increased performance?)
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**Please consider two primary competencies to be developed through this activity and use the space below for each stakeholder to outline expectations/evidence of growth in each desired competency.**

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| **Competency:**  |  |  |  |
|  | **Supervisor Rotatee** | **RA Supervisor** | **Supervisor of Record** |
| **Pre-Rotation Desired Outcome** |       |       |  |
| **Post-Rotation Identified Outcome**  |       |       |  |

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| **Competency:**  |  |  |  |
|  | **Supervisor Rotatee** |      **RA Supervisor** | **Supervisor of Record** |
| **Pre-Rotation Desired Outcome** |       |       |  |
| **Post-Rotation Identified Outcome**  |       |       |  |

**Please complete the Immediate Feedback Questions below upon completion of your RA, and complete the Follow Up Feedback Questions below 6 months after completion of your RA.**

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| **ROTATIONAL ASSIGNMENT (RA) EVALUATION** |
| **Immediate Feedback Questions** | **Strongly Disagree** | **Disagree** | **Neither Agree Nor Disagree** | **Agree** | **Strongly Agree** |
| 1. The format of this developmental activity was conducive to my ability to apply knowledge on the job.
 |  |  |  |  |  |
| 1. This developmental activity gave me knowledge or skills that I did not otherwise gain from on-the-job experience.
 |  |  |  |  |  |
| 1. Applying the knowledge and skills from this developmental activity will make me more effective in leading DHS mission execution.
 |  |  |  |  |  |
| 1. I consider this developmental activity to have been a worthwhile investment.
 |  |  |  |  |  |
| 1. I would recommend this developmental activity to a colleague at my leader level.
 |  |  |  |  |  |
| 1. I have the support of my supervisor in applying what I have learned back on the job.
 |  |  |  |  |  |
| 1. I gained broader perspectives that increased my ability to collaborate across boundaries.
 |  |  |  |  |  |
| 1. I have new knowledge about organizational processes, practices or programs that I can take back to my organization.
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| 1. I was able to bring knowledge and skills to bear to improve organizational processes, practices or programs in my rotational organization.
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| **Use the space below to enter any comments you have about your rotation assignment:** |

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| **6-Month Follow-Up Feedback Questions** | **Strongly Disagree** | **Disagree** | **Neither Agree Nor Disagree** | **Agree** | **Strongly Agree** |
| 1. The format of this developmental activity was conducive to my ability to apply knowledge on the job.
 |  |  |  |  |  |
| 1. This developmental activity gave me knowledge or skills that I did not otherwise gain from on-the-job experience.
 |  |  |  |  |  |
| 1. Applying the knowledge and skills from this developmental activity has made me more effective in leading DHS mission execution.
 |  |  |  |  |  |
| 1. I consider this developmental activity to have been a worthwhile investment.
 |  |  |  |  |  |
| 1. I have recommended this developmental activity to a colleague at my leader level.
 |  |  |  |  |  |
| 1. I have had the support of my supervisor in applying what I have learned back on the job.
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| 1. I have used broader perspectives gained and increased my ability to collaborate across boundaries.
 |  |  |  |  |  |
| 1. I have applied knowledge or skills gained about organizational process, practices or programs back within my own organization.
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| 1. The knowledge or skills about organizational process, practices or programs that I contributed are sustained within my rotational organization.
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| **Use the space below to enter any comments you have about your Rotational Assignment:** |