TARLAC STATE UNIVERSITY

Human Resource Development and Management Office

**INDIVIDUAL CAREER DEVELOPMENT PLAN FOR TEACHING PERSONNEL**

For Year 2021-2023

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**: |  | | | **Date Today**: | |  |
| **Department/Unit**: | |  | **College/Office:** | |  | |
| **Position**: | |  | **Other Designation/s:** | |  | |

1. **CAREER ASPIRATIONS**

Please state your career goals or plans.

|  |
| --- |
|  |

1. **EDUCATIONAL ATTAINMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Degree** |  | **School Attended** |  | **Inclusive Dates / Units Earned** |
| Undergraduate |  |  |  |  |  |
| Diploma Course |  |  |  |  |  |
| Master’s/J.D. |  |  |  |  |  |
| Doctorate |  |  |  |  |  |

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:* |  | * Earned Units: \_\_\_\_\_\_\_\_ * Acad. Reqts Completed * Thesis Writing On-going * Candidate for Graduation |  |  | * TSU Local Scholarship * Externally Funded Scholarship * Thesis Writing Assistance * Not Applicable/Not Needed * Others: |
| *Doctorate Degree:* |  | * Earned Units: \_\_\_\_\_\_\_\_ * Acad. Reqts Completed * Dissertation On-going * Candidate for Graduation |  |  | * TSU Local Scholarship * Externally Funded Scholarship * Dissertation Assistance * Not Applicable/Not Needed * Others: |

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.)** |
|  | * Basic * Intermediate | * Advanced * Expert |  |  |  |
|  | * Basic * Intermediate | * Advanced * Expert |  |  |  |
|  | * Basic * Intermediate | * Advanced * Expert |  |  |  |

*\*Add additional row if necessary*

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

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

|  |  |
| --- | --- |
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

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** |
|  | * Training * Consultancy | * Technical Assistance * Others\_\_\_\_\_\_\_\_\_\_\_ |  |  | * Voluntary * W/ Service Credits * W/ Honorarium |
|  | * Training * Consultancy | * Technical Assistance * Others\_\_\_\_\_\_\_\_\_\_\_ |  |  | * Voluntary * W/ Service Credits * W/ Honorarium |
|  | * Training * Consultancy | * Technical Assistance * Others\_\_\_\_\_\_\_\_\_\_\_ |  |  | * 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 |
|  | * Lead Researcher * Co-Researcher |  |  | * Research Writing Assistance * Data Gathering * Statistics Need * Presentation * Publication * Not Applicable/Not Needed * Others: |
|  | * Lead Researcher * Co-Researcher |  |  | * Research Writing Assistance * Data Gathering * Statistics Need * Presentation * Publication * Not Applicable/Not Needed * Others: |

*\*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** |
|  |  |  | * Personal * Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | * Personal * Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | * 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: |  | Approved: |
|  |  |  |  |
| *Faculty/Personnel* |  | *Chairperson/Unit Head* | *College Dean/Director* |