**Role-Specific Training Plan Template**

|  |  |
| --- | --- |
| **Employee Name** | Name |
| **Department** | Name |
| **Employee Start Date** | MM/DD/YY |
| **Position Title** | Title |
| **Manager Name** | Name |
| **Last Revised** | MM/DD/YY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role-Specific Competencies** |  |  |  |  |  |
| Description |
| **Training Level** |  | **Performance Expectations** |  |  |  |
| Description | Description |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role-Specific Training Phases** |  |  |  |  |
| Training Phase | Task/Skill | Category | Active / Hold | Point of Contact | Status | Comments |
| Week 1 Activities |  |  | Active / Hold |  | In Progress |  |
| 30-Day Activities |  |  |  |  | Not Started |  |
| 60-Day Activities |  |  |  |  | Complete |  |
| 90-Day Activities |  |  |  |  | Complete |  |
| Ongoing Development |  |  |  |  | Complete |  |

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| --- | --- | --- | --- | --- |
| **Competency and Performance Tracking** |  |  |  |  |
| Competency Area | Target Date | Date Observed | Areas of Strength | Areas of Improvement | Score | Next Steps |
|  | MM/DD/YY | MM/DD/YY |  |   |   |  |
|  | MM/DD/YY | MM/DD/YY |   |   |   |  |
|  | MM/DD/YY | MM/DD/YY |   |   |   |  |
|  | MM/DD/YY | MM/DD/YY |   |   |   |  |
|  | MM/DD/YY | MM/DD/YY |   |   |   |  |

|  |  |
| --- | --- |
| **Certifications and Specialized Training** |  |
| Certification / Training Title | Target Completion Date | Date Completed | Vertification Method |
|  | MM/DD/YY | MM/DD/YY |   |
|  | MM/DD/YY | MM/DD/YY |   |
|  | MM/DD/YY | MM/DD/YY |   |
|  | MM/DD/YY | MM/DD/YY |   |
|  | MM/DD/YY | MM/DD/YY |   |

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| --- | --- | --- | --- | --- | --- |
| **Training Sessions Attended** |  |  |  |  |  |
| Training Title | Target Date(s) | Date(s) Attended | Number of Hours | Topics Covered | Trainer / Speaker |
|   | MM/DD/YY | MM/DD/YY | 0 |  |  |
|   | MM/DD/YY | MM/DD/YY | 0 |  |  |
|  | MM/DD/YY | MM/DD/YY | 0 |  |  |
|  | MM/DD/YY | MM/DD/YY | 0 |  |  |
|  |  |  |  |  |  |  |
| **Coaching and Mentorship Meetings** |  |  |  |  |
| Meeting Type | Date | Mentor / Coach | Topics Discussed | Action Items / Follow-Up |
|  | MM/DD/YY | Name |  |  |
|  | MM/DD/YY | Name |  |  |
|  | MM/DD/YY | Name |  |  |
|  | MM/DD/YY | Name |  |  |

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