



NAME OF TOOL	PERSONAL LLN DEVELOPMENT PLAN	DATE
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This form can be used:

- › where LLN skills gaps have been identified as a result of the employee completing the LLN assessment
- › as part of the new employee’s orientation/probation period
- › where the employee has expressed an interest in developing further skills and experience as part of a career
- › where under-performance has been identified as part of the performance appraisal process.

NAME		PLAN DATE	
ROLE		MID-REVIEW DATE	
SUPERVISOR/MANAGER		FINAL REVIEW DATE	

SIGNATURE AND DATE (STAFF MEMBER)		SIGNATURE AND DATE (SUPERVISOR/MANAGER)	
SIGNATURE		SIGNATURE	
DATE		DATE	

NO.	FOCUS AREA FOR IMPROVEMENT	AGREED PERFORMANCE AND DEVELOPMENT GOALS	INDICATORS OF SUCCESS
1			
2			
3			
4			
5			
6			

ACTIONS TO DEVELOP CAPABILITY			
NO.	DELIVERY METHOD	TIME FRAME	RESOURCES
1			
2			
3			
4			
5			
6			

MID REVIEW | REVIEW AND RECOGNITION OF ACHIEVEMENT

SIGNATURE AND DATE (STAFF MEMBER)		SIGNATURE AND DATE (SUPERVISOR/MANAGER)	
SIGNATURE		SIGNATURE	
DATE		DATE	

FINAL REVIEW | REVIEW AND RECOGNITION OF ACHIEVEMENT

SIGNATURE AND DATE (STAFF MEMBER)		SIGNATURE AND DATE (SUPERVISOR/MANAGER)	
SIGNATURE		SIGNATURE	
DATE		DATE	