



INDIVIDUAL CAREER DEVELOPMENT PLAN (ICDP)

Section 1: EMPLOYEE INFORMATION

Last Name	First Name	Email Address	SF State ID	Semester	Year
Classification/ Bargaining Unit		College or Department	Dept #	Campus Phone Number	

Section 2: ACADEMIC GOAL:

<input type="checkbox"/> Bachelor's Degree	Major:
<input type="checkbox"/> Master's Degree	Major:
<input type="checkbox"/> Doctoral Degree	Major:
<input type="checkbox"/> Teaching Credential	<input type="checkbox"/> Multiple <input type="checkbox"/> Single

Section 3: CAREER OBJECTIVE (reference - <http://www.calstate.edu/HRAdm/Classification/index.shtml>)

A. Career Objective:

B. Briefly describe the position within the CSU which you would ultimately like to have:

C. List any interim positions necessary to attain your overall career objectives:

D. How will the above stated objectives mutually benefit CSU and you?

Section 4: CAREER PLAN (see attached ICDP CHECKLIST)

Briefly outline the steps you plan to take to reach your stated objective:

A. Courses:

B. Workshops:

C. Special Training Activities:

D. Work Experience:

E. Volunteer Work:

Section 5: CERTIFICATION – Employee

I understand that San Francisco State University cannot guarantee me a promotion or other advancement after my completion of this specific Individual Career Development Plan. I understand that I must meet the normal academic standards of San Francisco State University.

Employee Signature: _____ Date: _____

Section 6: CAREER ADVISOR

Career Advisor Signature _____ Date: _____

Print Advisor's Name _____ Date: _____

Position of Advisor (Please Print) _____ Date: _____

Section 7: REVIEW FOR EMPLOYEE

Supervisor Signature _____ Date: _____

Department Administrator/Dean _____ Date: _____
Signature

Section 8: FEE WAIVER COORDINATOR

HR OFFICE USE ONLY

Approved

Denied

Signature of Fee Waiver Coordinator

Date



ICDP CHECKLIST

TASK	COMPLETED	DATE
❖ Assess ✓ Values – Needs – Interests ✓ Appendix A		
❖ Explore / Research ✓ Cal State Classification ✓ O'Net ✓ DOL ✓ Careeronestop ✓ Job Star ❖ Specific Requirements For Career Objective ✓ Education ✓ Training ✓ Work Experience ✓ Skills needed	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
❖ Decide / Set Goals ✓ Academic course outline ✓ Volunteer Work ✓ Internship ✓ Workshops ✓ Online Training	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
❖ Evaluate Yearly		

I understand that by completing this form that I have completed the tasks listed above in support of my ICDP. I also will give copies of my research to the President Designee of the Fee Waiver Program when requested to do so.

Signature of Employee

Date_____

ICDP Checklist must be attached to your Individual Career Development Form (ICDP)