ANDREWS UNIVERSITY
School of Education

NAME_____
Last ***First***

ID #_____

INDIVIDUAL DEVELOPMENT PLAN (IDP)
REGIONAL GROUP SIGN OFF

Address _____ **Degree** _____ **EdD**_____ **PhD**_____**MA**

Phone _____ **Program** Leadership

The following items are ATTACHED as part of my Individual Development Plan

1) IDP Document in three parts

- **Part I: Narrative**
  Description of your goals and how you intend to reach them.
- **Part II: Competencies**
  Description of plan for meeting 20 competencies.
- **Part III: Credit Worksheet**
  Translate competency experiences and all coursework into a list of 90 credits minimum for the doctorate in Leadership and 36 for the MA in Leadership

Participant=s Signature_____ **Date** _____

Program Team Approval of IDP

Regional Group Members: (Print or Type)	**Signature:** (Indicates Approval)	**Date**