ParentingWell Practice Profile
Individual Skill Development Plan

Name: _____ Position/ Title: _____

Supervisor: _____

Plan Period: From____ /____ /____ To ____ /____/____

Practitioners providing ParentingWell services need a thorough and continuously improving understanding of the practices that have been identified in the **ParentingWell Practice Profile** as the core elements of the work. Working together with their supervisors, practitioners identify and prioritize the skills that they need to improve and create a plan to strengthen those skills. This **Individual Skill Development Plan** is used to document the steps that will be taken to improve the worker's practices.

Step 1: The practitioner and supervisor use the practitioner's self-assessment to identify and prioritize the skills to be developed. These are called the "Learning Needs." There may be more than one Learning Need.

Step 2: The supervisor and practitioner should create a specific plan to improve the practitioner's skill in the selected areas. The plan might include training, additional or refocused supervision, behavioral rehearsals, being observed by the supervisor, observing a peer, or other activities. Key dates, such as when the plan will start and be completed, should be determined.

Step 3: The supervisor and practitioner write the Learning Needs, Learning Plans, and Key Dates on this form in order to track progress.

Step 4: The supervisor and practitioner share responsibility for implementing this ISD Plan and reviewing progress on the plan at agreed upon intervals. Once it is completed, they discuss whether the plan was successful, document the outcomes in the last section of the plan, and decide on next steps, which may include a new ISD plan or other follow-up.

Learning Need #1 *(What PARENTINGWELL practice element needs to be developed or improved?):*
Learning Plan #1 *(What activity will occur to help the practitioner develop or improve this skill?):*
Key Dates #1 Start date: ___/___/___ Expected completion date: ___/___/___ Actual completion date ___/___/___
Learning Need #2 *(What PARENTINGWELL practice element needs to be developed or improved?):*
Learning Plan #2 *(What activity will occur to help the practitioner develop or improve this skill?):*
Key Dates #2 Start date: ___/___/___ Expected completion date: ___/___/___ Actual completion date ___/___/___

Learning Need #3 *(What PARENTINGWELL practice element needs to be developed or improved?):*
Learning Plan #3 *(What activity will occur to help the practitioner develop or improve this skill?):*
Key Dates #3 Start date: ___/___/___ Expected completion date: ___/___/___ Actual completion date ___/___/___

Signatures *(after developing the initial plan)***:**

Practitioner: Signature**: _____** Date**:** ___/___/___

Supervisor: Signature**: _____** Date**:** ___/___/___

After the ISD Plan is implemented and completed, describe the outcomes (e.g., activities completed, progress in developing or improving competencies, learning needs that remain):

Learning Need #1

Learning Need #2

Learning Need #3

Signatures:

Practitioner: Signature**: _____** Date**: ___/___ / ___**

Supervisor: Signature**: _____** Date**: ___/___ / ___**