**PERFORMANCE DEVELOPMENT PLAN (PDP)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employee name*** |  | ***Managers name*** |  |
| ***Role title*** | *Health Care Assistanc* | ***Role title*** |  |
| ***Company*** | *Leaf Care* | ***Date*** |  |

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| --- | --- | --- | --- | --- |
|  | **Course***Detail specific area course* | **Expected improvement actions/performance***Detail what actions need to be taken/outcomes need to be delivered to achieve the standard expected & timescales set.* | **Support & dependencies***Detail what support will be provided & if any dependencies* | **Due date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

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| --- |
| **Managers Comments:** |
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| **Employee Comments**  |
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| **This PDP has been agreed by**: |
| **Managers signature** |  | **Date** |  |
| The reason for the PDP has been explained & I have been issued with a copy of the performance development plan in the staff handbook  |
| **Employees signature** |  | **Date** |  |
| **PDP PROGRESS – SUMMARY** |

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| --- | --- | --- | --- | --- |
| **Perf.****Concern** | **Date of Review** | **Progress**Detail the status of the progress made at the review meeting i.e. learning plan met, partial learning plan] or[ /No learning] | **Next Action Required** | **Due Date**  |
| **1** |  | Choose an item.*Outcome: ………………….* |  |  |
| **2** |  | *Outcome: …………………..* |  |  |
| **3** |  | *Outcome: …………………..* |  |  |
| **4** |  | *Outcome: …………………..* |  |  |

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| **MANAGERS ASSESSMENT /OUTCOME OF PDP**

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| Choose an item. |
| **Comments/Next Steps** |

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| **Managers Print Name** |  | **Date** |  |
| **Employees signature** |  | **Date** |  |