

U.S. DEPARTMENT OF HOMELAND SECURITY
Bureau of Customs and Border Protection

LEADERSHIP DEVELOPMENT PLAN - Part B

Directions: Complete within 30 days after EACH activity, assignment, or experience.		
Name (Last, First, Middle Initial):		
Activity, Assignment or Experience:	Actual Start Date:	Actual Completion Date:
A	Assignment Manager Assessment (if applicable)	
Did the employee achieve the learning objective? Please mark your response and explain below. Please explain how the objective was achieved and demonstrated, or what needs to be done to complete it.		
<input type="checkbox"/> Fully <input type="checkbox"/> Incomplete		
Are there other developmental needs identified as a result of this activity? Please be specific.		
Name:		Signature:
B	Manager of Record Assessment	
Has the employee demonstrated achievement of the learning objective? Please mark your response and explain below. If the objective was fully achieved, explain how it was demonstrated.		
<input type="checkbox"/> Fully <input type="checkbox"/> Incomplete		
Are there other developmental needs identified as a result of this activity? Please be specific.		
Name:		Signature:
C	Employee Assessment	
Did you achieve your personal learning objective? Please mark your response and explain below. If the objective was fully achieved, explain how it was demonstrated.		
<input type="checkbox"/> Fully <input type="checkbox"/> Incomplete		
Are there other developmental needs identified as a result of this activity? Please be specific.		