

**NAVSUPPACT NAPLES FORM 5350-5 (NEW 7-13)**

<b>RATE/NAME</b>	<b>INDIVIDUAL CAREER DEVELOPMENT PLAN</b> <i>E4-E6</i>					<b>DEP/DIV</b>	<b>DATE RPTD</b>	<b>ADSD</b>	<b>EAOS</b>  PRD
	Command: _____								
CAREER DEVELOPMENT PLAN	<b>REPORTING</b>	<b>6</b> MTH	<b>AS</b> REQ'D	<b>12</b> MTH	<b>AS</b> REQ'D	<b>24</b> MTH	<b>AS</b> REQ'D	<b>36</b> MTH	<b>TRX/</b> <b>SEP</b>
<b><u>ADVANCEMENT/QUALIFICATIONS</u></b>									
Window of Advancement	E5/	E6/	E7/						
Date of Advancement	E4/	E5/	E6/						
Recommendations for Advancement					Target date of completion:				
<b>Examination Participation (E4/E5 Personnel)</b>	# of times exam taken _____ # of times passed/failed exam _____/_____								
<b>Selection Board (S/B) Results (E6 Personnel)</b>	# of times taken E7 exam _____/Board Eligible _____/Nonselect: _____/ CDB recommendations for selection:								
Requirement/shipboard PQS	DC	3M	Watches						
Warfare Qualifications includes MTS	Start Date			Target Date			Completion Date		
Leadership Continuum	Completed:				Target date of completion:				
<b><u>EDUCATIONAL OPPORTUNITIES</u></b>									
Current Education Status (RTM)									
Current Education Status (PACE/Off Duty)	Credits completed:								
High School Diploma/GED					Target date of completion:				
Degree Programs	Personal Goal To Obtain:					Target date of completion:			
Other Courses Completed:							USMAP ENROLLED: YES _____ NO _____		
<b><u>FINANCIAL PLANNING</u></b>									
Individual/Family Budgeting									
Checkbook/Investments/TSP									
<b><u>PHYSICAL FITNESS REQUIREMENTS</u></b>									
<b>Physical Fitness Goals/Personal Health Assessment</b>	Personal Goals Set:								
<b><u>CAREER INTENTIONS</u></b>									
Reenlistment Intentions									
Special Program Interest									
Career Path/Team Detailing									
Detailing Window Projected	13 Month -			9 Month -			6 Month -		
Family Relocation Assistance									
<b><u>TRANSITION</u></b>									
Reverse Sponsorship Program	Orders received:		Member notified:			Date SAA submitted:			
Welcome Aboard Program	Package Rec'd:	Sponsor Assigned:			Sponsor's Name:		Remarks:		
Individual Transition Plan and DD 2648	18Mth	6Mth			Scheduled TAP dtd:				
Fleet Reserve (E5/E6 personnel)	HYT Dtd:					Desire Ceremony:			
Physical Screening	Scheduled:			Completed:					
Family Relocation Assistance									

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Member's Short Term Goals: \_\_\_\_\_

Member's Long Term Goals: \_\_\_\_\_

BOARD COMMENTS:

DATE:

BOARD MEMBERS: