**Manager**  
**Professional Impact and Development Form (PIDF)**

|  |
| --- |
| This Professional Impact and Development Form (PIDF) ensures consistent alignment between leadership impact and Health PEI’s vision, mission, values, and strategic goals.  **Vision:**  The leading rural health care system, founded on robust primary care that is accessible to all.  **Mission:**  Delivering high-quality, person-centered care to every Islander.  **Values:**   * We demonstrate accountability. * We act with care. * We work together. * We strive for excellence.   Grounded in the LEADS in a Caring Environment framework, it supports:   * Leadership accountability and behavioral expectations across all levels. * Development-focused reflection and dialogue between managers, directors, executive directors, and ELT members. * A culture of excellence, retention, and succession by incorporating feedback and growth plans.   This process fosters performance excellence and improves leadership capacity by aligning leadership efforts with LEADS capabilities. |

## Instructions

This form is to be used by **managers** for recurring performance and development discussions with their director.

**This form has five parts:**

1. Manager Information
2. Objectives
3. LEADS Capabilities Evaluation for Managers
4. Personal Development and Learning Plan
5. Annual Review - Manager and Director Feedback

**This form is intended to be revisited throughout the year**: the director and manager should both have access to the form as it is filled out.

**Fill out the form sections as follows.**

#### Planning

**At the start of the fiscal year (in April)\* or when a new leader joins your team**, collaboratively complete:

* Part 1 Manager Information
* Part 2 Objectives: set objectives, SMART goals, and target dates.
* Part 3 LEADS Capabilities Assessment: review the capabilities to determine any learning or development needs.
* Part 4 Personal Development and Learning Plan: complete learning goals for the year.

**\* For the 2025-26 fiscal year, complete your plan by November 28, 2025**.

#### Quarterly check-ins

**In July, October and January\*,** collaboratively review and update as required:

* Part 2 Objectives: note the percentage completed for each goal; update changed goals; comment on activities; highlight exceptional impact and areas needing development.
* Part 3 LEADS Capabilities Assessment: the manager shares examples of how they have applied the LEADS capabilities as they work toward their objectives and the director adds their observations.
* Part 4 Personal Development and Learning Plan: note progress on learning and development goals; amend initiatives as required.

**\* For the 2025-26 fiscal year, hold a quarterly check-in in January 2026.**

#### Annual Review

#### At the end of the fiscal year (in March), collaboratively complete:

* Part 2 Objectives: note the percentage of each goal completed; comment on activities; the director rates the achievement of each objective.
* Part 3 LEADS Capabilities Assessment: rate capability level for each capability; note areas of growth and areas needing development.
* Part 4 Personal Development and Learning Plan: note learning and development goals achieved.
* Part 5 Manager and Director Feedback: summarize accomplishments and growth in the previous fiscal year; the director provides an overall rating for the manager’s performance.

**For the 2025-26 fiscal year, this will happen in March 2026 as stated above.**

#### After the Professional Impact and Development Form is finalized and signed:

1. Provide a digital and/or hard copy to the manager being reviewed.
2. Provide a hard copy in a sealed envelope to the manager’s human resources manager to place in their personnel file.
3. Start a new professional impact and development cycle by downloading a new Professional Impact and Development Form (available under Forms on the Staff Resource Centre) and completing step 1 (Planning).

**For questions about this form or the professional impact and development process,** see the [*Navigating the Professional Impact and Development Process* *Guide*](https://src.healthpei.ca/sites/src.healthpei.ca/files/HR/Navigating_the_Professional_Impact_and_Development_Process.pdf)on the Staff Resource Centre Guides and Toolkits and/or contact your Human Resources manager, Human Resources coordinator or Learning and Development consultant.

**Part 1: Manager Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager name** | First Name, Initial, Last Name | | |
| **Employee number** |  | | |
| **Manager job title** |  | | |
| **Manager department** | Name of manager’s area of responsibility and the broader department. | | |
| **Director’s name** | Person the manager reports to: First Name, Initial, Last Name | | |
| **Director’s job title** | Executive manager or chief executive officer | | |
| **Director’s department** | Name of director’s area of responsibility and the broader department. | | |
| **Evaluation period from** | DD/MM/YYYY | **Evaluation period to** | DD/MM/YYYY |

## **Part 2: Objectives**

## Manager and Director Instructions

#### Annual Planning

At the beginning of each fiscal year, the director and manager collaboratively set the manager’s objectives and goals for the upcoming fiscal year.

*Note: For 2025-26, your plan will cover the remainder of the fiscal year ending March 31, 2026. Set your 2025-26 objectives and goals by November 28, 2025.*

#### Strategic Alignment of Objectives and Goals

**List the objectives you are responsible for and accountable for in the following form.**

Your objectives should align with the objectives and goals outlined in the:

* Health PEI Strategic Plan including its strategic pillars:
  + Right People – Ensuring a healthy, supported, and sustainable workforce to deliver the right care, in the right place, at the right time.
  + Right Care – Providing high-quality evidence-based care that is appropriate, effective, and aligned with the values and preferences of those we serve.
  + Right Place – Enabling Islanders to access care in the setting that best matches their clinical needs.
  + Right Time – Delivering care when it is needed to achieve optimal clinical outcomes.
* business or operational plans
* mandate letters

Each strategic plan objective should come from one of these documents. Your business or operational objective should align with this objective. It may be a supporting goal from one of these documents or it may be another initiative contributing to the achievement of the strategic plan objective.

Once you've determined your business or operational plan objectives, break them into **SMART goals**, which meet the following criteria:

|  |  |
| --- | --- |
| **S – Specific** | Clearly define what you want to accomplish. |
| **M – Measurable** | Include indicators to track progress. |
| **A – Achievable** | Ensure the goal is realistic and attainable. |
| **R – Relevant** | Align the goal with broader objectives or values. |
| **T – Time-bound** | Set a deadline or timeframe for achieving the goal. |

**Write each goal as an “I will”** statement to foster personal ownership and accountability.

Your goals may reflect deliverables assigned to your direct reports that then become their business and operational plan objectives. See the [*Navigating the Professional Impact and Development Process Guide*](https://src.healthpei.ca/sites/src.healthpei.ca/files/HR/Navigating_the_Professional_Impact_and_Development_Process.pdf) on the Staff Resource Centre for an example of how objectives and goals cascade through departmental leadership.

If any learning or development activities are required to accomplish the goals, document them in Part 4: Personal Development and Learning Plan.

This form has space for six objectives. Best practices suggest leaders have between six and eight objectives. If needed, copy the final page to add more.

#### Quarterly Check-ins and Annual Reviews

Before the quarterly check-ins and the annual review, the manager should:

* Note the percentage of each goal completed.
* Add comments regarding progress in the Updates section.

The director should review these and add their comments to the form.

At the end of the fiscal year, the director will provide an overall rating of how well the manager achieved each of their objectives using the following scale.

|  |  |
| --- | --- |
| **Exceptional** | Continuously surpasses expectations with outstanding results and significant impact. |
| **Exceeds** | Regularly goes beyond expectations with strong outcomes in all areas. |
| **Delivers** | Consistently meets expectations with solid and reliable contributions. |
| **Developing** | Partially meets expectations but progress is inconsistent, and improvement is needed. |
| **Did Not Deliver** | Falls short of expectations; immediate improvement is required. |

At the annual review, the director and the manager also summarize the manager’s overall impact for the year in Part 5: Annual Manager and Director Feedback.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Plan Objective** | From the HPEI Strategic Plan, HPEI Business Plan, or mandate letters | | | |
| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
| **Related Learning and Development:** Add any learning and development activities required to achieve the goals above to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Plan Objective** | From the HPEI Strategic Plan, HPEI Business Plan, or mandate letters | | | |
| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
| **Related Learning and Development:** Add any learning and development activities required to achieve the goals above to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | | |

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| --- | --- | --- | --- | --- |
| **Strategic Plan Objective** | From the HPEI Strategic Plan, HPEI Business Plan, or mandate letters | | | |
| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
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| --- | --- | --- | --- | --- |
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| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
| **Related Learning and Development:** Add any learning and development activities required to achieve the goals above to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Plan Objective** | From the HPEI Strategic Plan, HPEI Business Plan, or mandate letters | | | |
| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
| **Related Learning and Development:** Add any learning and development activities required to achieve the goals above to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Plan Objective** | From the HPEI Strategic Plan, HPEI Business Plan, or mandate letters | | | |
| **Business or Operational Plan Objective** | Deliverable related to the strategic plan objective your department, division, branch or unit is responsible for and accountable for. | | | |
| **SMART Goals** How will you achieve your business or operational plan objective? Using “I will” statements, list one SMART goal per row. Add more rows if required. | | | **Completion Target Date** | **Percentage** **Achieved** |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| I will | | | DD/MM/YYYY |  |
| **Updates:** During each quarterly check-in and the annual review, note the percentage achieved next to each goal above. Add the meeting date and comment on the achievement of goals and manager’s impact below. | | | | |
| July [date] Check-in Manager Comments: | | July [date] Check-in Director Comments: | | |
| October [date] Check-in Manager Comments: | | October [date] Check-in Director Comments: | | |
| January [date] Check-in Manager Comments: | | January [date] Check-in Director Comments: | | |
| Annual Review [date] Manager Comments: | | Annual Review [date] Director Comments: | | |
| **Annual Review Rating:** At the end of the fiscal year, the director rates the manager’s achievement of the business or operational plan objective as Exceptional, Exceeds, Delivers, Developing or Did Not Deliver. See page 5 for rating definitions. | | | **Annual Review Rating:** | |
| **Related Learning and Development:** Add any learning and development activities required to achieve the goals above to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | | |

## **Part 3: LEADS** Capabilities **Evaluation**

### Employee (Manager) Instructions

During the annual planning process, review the capability descriptions and determine if you require any training or development to increase your level of capability. If so, note that on your Personal Development and Learning Plan (Part 4 of this form).

During your quarterly check-ins, provide one or two examples of how you demonstrated the LEADS capability as you worked toward achieving your objectives in the last quarter.

During the annual review, self-assess your level of LEADS capability using the rating scale below. For areas that are Developing or Did Not Deliver, look for opportunities to develop the capability and add these to your Personal Development and Learning Plan in the PIDF for the subsequent fiscal year.

### Manager (Director) Instructions

During your quarterly check-ins, review the manager’s examples of how they have demonstrated each LEADS capability in their actions and share your reflections in the comments. If the manager was unable to provide examples or indicates that they need support with this capability, suggest they add opportunities to develop the capability to their Personal Development and Learning Plan (Part 4 of this form).

During the annual review, rate the manager on their LEADS capability using the rating scale below and add any comments. Commend the manager on areas where they Exceed or are Exceptional. For areas that are Developing or Did Not Deliver, suggest the manager add opportunities to develop these in their Personal Development and Learning Plan in the PIDF for the subsequent fiscal year.

### LEADS Rating Scale:

|  |  |
| --- | --- |
| **Exceptional** | Continuously surpasses expectations with outstanding results and significant impact. |
| **Exceeds** | Regularly goes beyond expectations with strong outcomes in all areas. |
| **Delivers** | Consistently meets expectations with solid and reliable contributions. |
| **Developing** | Partially meets expectations but progress is inconsistent, and improvement is needed. |
| **Did Not Deliver** | Falls short of expectations; immediate improvement is required. |

## Manager LEADS Capabilities Evaluation

**Ratings: Exceptional, Exceeds, Delivers, Developing, Did Not Deliver**

|  |  |  |
| --- | --- | --- |
| **LEADS SELF** | | |
| **Demonstrates awareness of own strengths, limitations, and values and their impact on personal leadership style.**This capability aligns with the HPEI value of accountability by owning your actions and its impact on the team and deliverables. | | |
| **Meeting** | **Manager Examples/Rating** | **Director  Comments/Rating** |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Demonstrates emotional intelligence, resilience, and adaptability in challenging situations.** This capability aligns with the HPEI value of excellence by continuously improving, adapting and being resilient to day-to-day demands. | | |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Rating: |
| Comments: | Comments: |

**Ratings: Exceptional, Exceeds, Delivers, Developing, Did Not Deliver**

|  |  |  |
| --- | --- | --- |
| **ENGAGE OTHERS** | | |
| **Supports team members’ growth through coaching, feedback, and learning opportunities.**This capability aligns with the HPEI value of care by supporting and developing people using understanding and empathy**.** | | |
| **Meeting** | **Manager Examples/Rating** | **Director Comments/Rating** |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Shares information clearly and transparently, while actively listening to others.** This capability aligns with the HPEI value of working together by building trust and collaboration through open communication, | | |
| **July Check-in** | Comments: | Comments: |
| **October Check-in** | Comments: | Comments: |
| **January Check-in** | Comments: | Comments: |
| **March Annual Review** | Rating: | Rating: |
| Comments: | Comments: |

**Ratings: Exceptional, Exceeds, Delivers, Developing, Did Not Deliver**

|  |  |  |
| --- | --- | --- |
| **ACHIEVE RESULTS** | | |
| **Aligns team goals with organizational priorities and articulates a clear plan aligned to the HPEI vision.**This capability aligns with the HPEI value of excellence by setting clear SMART goals to achieve outstanding results. | | |
| **Meeting** | **Manager Examples/Rating** | **Director Comments/Rating** |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Translates plans into measurable actions and monitors progress.** This capability aligns with the HPEI value of accountability by taking ownership for delivering on commitments/agreed objectives. | | |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |

**Ratings: Exceptional, Exceeds, Delivers, Developing, Did Not Deliver**

|  |  |  |
| --- | --- | --- |
| **DEVELOP COALITIONS** | | |
| **Collaborates with internal and external stakeholders to achieve shared goals.** This capability aligns with the HPEI value of working together by fostering collaboration for collective success. | | |
| **Meeting** | **Manager Examples/Rating** | **Director Comments/Rating** |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Uses data, evidence, and best practices to inform decisions and influence others.** This capability aligns with the HPEI value of excellence by leveraging knowledge of self and others to achieve positive outcomes. | | |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |

**Ratings: Exceptional, Exceeds, Delivers, Developing, Did Not Deliver**

|  |  |  |
| --- | --- | --- |
| **SYSTEMS TRANSFORMATION** | | |
| **Demonstrates systems thinking by understanding organizational interdependencies, proactively improving processes, and anticipating the impact of decisions.** This capability aligns with the HPEI value of excellence by making informed decisions, using technology for efficiencies and sustainable success. | | |
| **Meeting** | **Manager Examples/Rating** | **Director Comments/Rating** |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **January Check-in**  **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Leads change initiatives that improve processes and outcomes.** This capability aligns with the HPEI value of care by leading change thoughtfully to benefit people, systems and the organization. | | |
| **July Check-in** | Demonstrated examples: | Comments: |
| **October Check-in** | Demonstrated examples: | Comments: |
| **January Check-in** | Demonstrated examples: | Comments: |
| **March Annual Review** | Self-Rating: | Director Rating: |
| Comments: | Comments: |
| **Related Learning and Development**  Add any learning and development activities to improve these LEADS capabilities to the manager’s Personal Learning and Development Plan in Part 4 of this form. | | | |

## Part 4: Personal Development and Learning Plan

Your **Personal Development and Learning Plan (PDLP)** guides you in setting focused goals and monitoring your progress, strengthening self-awareness, motivation, and career direction. It highlights skills to develop to support leadership capabilities and strategic objectives. It also outlines actionable steps that support your long-term growth.

Use the form below to identify learning opportunities based on the feedback received during the professional impact and development process, keeping your career goals in focus. This is a chance to explore areas for growth, including potential blind spots—skills or behaviors you may not yet be aware of. Outline specific training needs, development activities, or career-building initiatives that will support your success. Replace the grey example text in the table below with your personalized goals. Add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency and Strategic Learning Goals** based on professional objectives, LEADS capabilities and additional strategic and operational needs | **Learning and Development Initiative(s)** to meet your learning goal | **Target Completion Date** | **% Achieved** |
| Example: Improve ability to proactively lead projects | Take Project Management course on Harvard ManageMentor | December 2025 |  |
| Example: Work on resilience under pressure | Develop plan for how I will react when pressures arise | March 2026 |  |
|  |  |  |  |
| **Career Development Goals** based on aspirations for career progression within Health PEI | **Learning and Development Initiative(s)** to meet your career development goal | **Target Completion Date** | **% Achieved** |
| Example: Expand experience managing technical staff | Interview the manager of Data Analytics to learn more about their approach to managing analytic staff | January 2026 |  |
|  |  |  |  |
|  |  |  |  |

## Part 5: Annual Review - Manager and Director Feedback

Complete this section at the conclusion of the annual professional impact and development review. During the meeting, the manager and director should add their comments and **sign off together**. Digital signatures are permitted.

|  |  |
| --- | --- |
| **Overall rating by the director on the manager’s performance:**  Exceptional, Exceeds, Delivers, Developing, or Did Not Deliver. See page 5 for rating definitions. | |
| **Manager’s comments and feedback:**  Use this space to reflect on your professional impact, accomplishments, and opportunities for growth. Indicate your agreement or disagreement with the professional impact and development review, the overall rating, and the information recorded in this form. | |
|  | |
| **Manager name:** |  |
| **Manager signature:** | **Date signed:** DD/MM/YYYY |
| **Director’s comments and feedback:**  Use this space to summarize the annual professional impact and development discussion, achievements, growth opportunities, and any other related information entered in this form. | |
|  | |
| **Director name:** |  |
| **Director’s signature:** | **Date signed**: DD/MM/YYYY |

### Director instructions after signing this form:

1. Provide a digital or hard copy to the manager being reviewed.
2. Provide a hard copy in a sealed envelope to the manager’s human resources manager to place in their personnel file.
3. Start a new professional impact and development cycle by downloading a new Professional Impact and Development Form (available under Forms on the Staff Resource Centre) and completing step 1 (Planning).

### Need help with the professional impact and development process?

See the [*Navigating the Professional Impact and Development Process* *Guide*](https://src.healthpei.ca/sites/src.healthpei.ca/files/HR/Navigating_the_Professional_Impact_and_Development_Process.pdf) on the Staff Resource Centre and/or contact your Human Resources manager, Human Resources coordinator or Learning and Development consultant.