

PERSONAL LEARNING PLAN

Name: _____ Date: _____

Long-term Goal:

Date set: _____ **Target Date:** _____ **Date met:** _____

Skills and Knowledge Needed: _____

Possible Problems or Barriers: _____

Short-term Goals:

1. _____

Date set: _____ Date met: _____

2. _____

Date set: _____ Date met: _____

3. _____

Date set: _____ Date met: _____

Dates for Progress Review: _____

Progress Notes: (Learner & instructor initial and date)

Learner's Signature

Instructor's Signature

LEARNER / INSTRUCTOR PLANNING FORM

Learner's Name: _____ Date: _____

Long-term Goal: _____

Short-term Goal	Steps to Take	By When?