



## Professional Learning Goals

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Registration Year: \_\_\_\_\_

Once you have reviewed the Self Assessment Tool (competencies/indicators identified for learning), choose two (2) Professional Learning Goals based on areas of practice or knowledge gaps that you identify. The following form is provided for you to keep a record of your learning goals and potential learning activities. Both Learning Goals are to be uploaded under Quality Assurance on your HMS account.

### Professional Learning Goal: #

What new knowledge/goal do you want to achieve based on your self-assessment?

This goal is pertinent to the following **DOMAIN**:

This goal is pertinent to the following **COMPETENCY**:

### Learning Activities/Resources

What do I have to do and/or what do I need to achieve my goal?

- |   |  |
|---|--|
| <input type="checkbox"/> Collaborate with other OTs/colleagues      | <input type="checkbox"/> Join committees or working groups |
| <input type="checkbox"/> Conference                                 | <input type="checkbox"/> Provide or receive mentorship     |
| <input type="checkbox"/> Course/Webinar                             | <input type="checkbox"/> Research/Literature               |
| <input type="checkbox"/> Develop Tool and resources (e.g. handouts) | <input type="checkbox"/> Provide Education                 |
| <input type="checkbox"/> Media (audiobooks or podcasts)             | <input type="checkbox"/> Other                             |

Target Completion Date:

Target Completion Date:

Target Completion Date:

### Reflections

Please reflect on how you anticipate your learning activities and resources will develop your skills, attitudes and/or judgement with your selected learning goal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_