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| **LEARNING** *PLAN* |

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| **Resident Name** >  **Date** > | **Preceptor Name** >  **Site/Location** > |
| **CONTEXT** (*reason for learning plan*) > | |

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| GOALS | STRATEGIES | ASSESSMENT | RESULTS |
| * Desired area of development * Learning outcomes targeted (use Skill Dimensions or CanMEDS-FM competencies, whenever possible) | * What strategies will help the learner achieve this goal? * Specify details such as frequencies and persons responsible, whenever possible | * How will learner performance be assessed? * Timeline for progress review? | * Goal achieved fully, partially, or not at all? * Next steps? |
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**Resident Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ **Preceptor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_