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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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_