

SASKATCHEWAN DIETITIANS ASSOCIATION LEARNING PLAN

NAME: _____ **YEAR:** _____ **SDA#** _____

ASSESSMENT	GOAL	OBJECTIVES	OUTCOME MEASURES	PROGRESS	DATE COMPLETE	IMPACT OF COMPLETED GOAL
Goal 1 relates to Professional Standard # _____	What do I want and/or need to learn?	How will I do this?	I will know I have reached my goal when.....	This goal is partially completed, fully completed or has been suspended. Provide a brief overview.		Now that I have completed this goal, it will change my practice by...
Goal 2 relates to Professional Standard # _____			I will know I have reached my goal when.....			Now that I have completed this goal, it will change my practice by...

Please note you are required to submit at least 2 goals. If you would like to submit more than 2, duplicate this form.

***Note that this document can be completed online and submitted electronically through the SDA website at www.saskdietitians.org