## Instructions

Name:

Registration #:

Date:

## Review your Professional Learning Plan.

## As you engage in professional learning activities, complete the Record of Professional Learning chart below and attach evidence or documentation of participation in planned learning activities

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| --- | --- | --- | --- |
| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| Transfer over the three goals from your Professional Learning Plan. | Provide brief descriptions of the professional learning activities including the date and professional learning provider, if applicable. | List the evidence or documentation that shows you have participated in your planned activities and keep this with your record. | Provide brief descriptions of how you have integrated, or will integrate, your learning into your professional practice. |
| 1. |  |  |  |

*\* You may choose to keep your documentation in any format (e.g. paper, electronic, audio/video/voice recordings). Please ensure you indicate the form of your documentation and be prepared to share, or provide access to your documentation if requested by the College.*

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| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| 1. (Cont’d)  Registration #: | Registration #: | Registration #: | Registration #: |
| Reflect on your learning. Describe the successes, challenges or unexpected outcomes related to meeting or not meeting your goals. | | | |
|  | | | |

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| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| 2. |  |  | Registration #: |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| 2. (Cont’d) | Registration #: |  |  |
| Reflect on your learning. Describe the successes, challenges or unexpected outcomes related to meeting or not meeting your goals. | | | |
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| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| 3. |  |  | Registration #: |

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| Professional Learning Goals | Description of the Professional Learning Activities | Documentation of Participation\* | Application of Professional Learning in My Practice |
| 3. (Cont’d) |  | Registration #: |  |
| Reflect on your learning. Describe the successes, challenges or unexpected outcomes related to meeting or not meeting your goals. | | | |
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