

Learning Plan

Objectives: What I will learn. Set goal.	Resources/ Strategies: What I need to do to acquire the knowledge/skills and attitudes to reach my goals	Evidence of Achievement: How will I know when I have reached my goal	Target date: When do I expect to reach goal	Criteria for Evaluation	Progress/ Status

Mentee Name: _____

Mentor Name: _____

Mentee Signature _____

Mentor Signature: _____

Date Signed: _____

Date Signed: _____

May be used to assist completion of evaluation reports at 3, 6 and 12 months and for final evaluation.

Adapted from Registered Nurses Professional Development Centre & Nova Scotia Department of Health (2011)