



Saskatchewan Society of Occupational Therapists

Continuing Competency Program Professional Development Plan and Outcomes (PDPO)

Name: _____

Date Form Completed: _____

Year	Item No. from Self- Assessment tool	Goals	Strategies	Anticipated Completion Date	Outcomes/Evidence of Progress (include document title, portfolio location and brief summary of impact on practice)	Current Status
						<input type="checkbox"/> Completed Date: _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____ _____
						<input type="checkbox"/> Completed Date: _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____ _____