



Saskatchewan Society of Occupational Therapists

Continuing Competency Program • Professional Development Plan and Outcomes Clinical Form

Name: _____ Date form completed: _____

Goal __ of __	Item No. From Clinical Self-Assessment Tool	Goal (What I want to learn, specific and measurable)	Learning Strategies/Activities (What I need to do to achieve my goal)	Anticipated Completion Date (Attainable and time oriented)	Current Status
Registration Year: Mar. 1, 20__ to Feb. 28, 20__	<input type="checkbox"/> Item 1 point: __ <input type="checkbox"/> Item 2 point: __ <input type="checkbox"/> Item 3 point: __ <input type="checkbox"/> Item 4 point: __ <input type="checkbox"/> Item 5 point: __ <input type="checkbox"/> Item 6 point: __ <input type="checkbox"/> Item 7 point: __				<input type="checkbox"/> Completed Date: _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____
Outcomes/ Impact On Practice (How this leaning impacted my practice)			Evidence Supporting Goal Completion/Progression (Certificates, course material, books, notes, dates, etc.)		
Check all that apply and provide reflection: <input type="checkbox"/> Validated my practice <input type="checkbox"/> Enhanced my practice <input type="checkbox"/> Expanded my knowledge <input type="checkbox"/> Increased my awareness of existing resources <input type="checkbox"/> Other _____ Please complete the attached reflection form			List evidence and location in portfolio: If audited, evidence will be required to be submitted		



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Outcomes/ Impact on Practice Reflection Form

Name: _____

Goal __ of __

Check all that apply and provide reflection:

- Validated my practice
- Enhanced my practice
- Expanded my knowledge
- Increased my awareness of existing resources
- Other _____

Reflection: