Saskatchewan Society of Occupational Therapists

Continuing Competency Program ● Professional Development Plan and Outcomes Clinical Form

Name: _____ Date form completed: _____

Goal __of __ **Registration Year:** Mar. 1, 20 _ _ to Feb. 28, 20_ _	**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**
	□ Item 1 point:__ □ Item 2 point:__ □ Item 3 point:__ □ Item 4 point:__ □ Item 5 point:__ □ Item 6 point:__ □ Item 7 point:__				□ Completed Date: _____ □ In Progress □ Omit (Reason) _____ _____

Outcomes/ Impact On Practice (How this learning impacted my practice)	**Evidence Supporting Goal Completion/Progression** (Certificates, course material, books, notes, dates, etc.)
Check all that apply and provide reflection: □ Validated my practice □ Enhanced my practice □ Expanded my knowledge □ Increased my awareness of existing resources □ 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: