



GREAT OPPORTUNITIES FOR LEARNING AND DEVELOPMENT

Individual Learning Focus

Name: _____

Date: _____



What do I **want** to do and **why?**

FOCUS: Think of an area to explore:

- Personal
- Career Planning
- Organizational
- Other _____

GOAL: What specific goal do I want to achieve? Why?

GROWTH: What skills, abilities and knowledge do I want to strengthen?



How am I going to do it?

RESOURCES

What resources can I use to help reach my goal?

People

Places

Materials

What am I going to do?

PLAN

What tasks and activities will I use to complete my goal?

My	Goal	Target	Completion	Date

Tasks/Activities	Target	Completion	Date



How will I check my results?



RESULTS

How will I track my progress?

Where and how will I gather feedback?

How will I know when I have succeeded?

Celebrating my success!



CELEBRATION

What is the best way I can celebrate success?

My next success might include:

Notes/comments for new learning opportunities:

Comments:

Rating the outcomes of my learning activities or tasks

	Low				High
Value to me	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
My commitment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Builds on my strengths	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of challenge	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value to organization	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Lifelong Learning Canada
KEEP ON LEARNING