



# Saskatchewan Society of Occupational Therapists

## Continuing Competency Program • Professional Development Plan and Outcomes Clinical Form

Name: Example OT Date form completed: February 1, 2018

Goal <u>_1_ of 2_</u>	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
<b>Registration Year:</b> Mar. 1, 2018 to Feb. 28, 2019	<input type="checkbox"/> Item 1 point: __ <input type="checkbox"/> Item 2 point: __ <input type="checkbox"/> Item 3 point: __ <input checked="" type="checkbox"/> Item 4 point: <u>2</u> <input type="checkbox"/> Item 5 point: __ <input type="checkbox"/> Item 6 point: __ <input type="checkbox"/> Item 7 point: __	Review literature regarding toilet training for children with developmental disabilities and develop a list of resources and strategies for parents of children on my caseload.	<ul style="list-style-type: none"> <li>Review "Toilet Training for Individuals with Autism or Other Developmental Issues" book and write notes relevant to my practice by May 2018</li> <li>Create a social story template for toileting by September 2018</li> <li>Create a tip sheet to provide to parents by November 2018</li> </ul>	December 2018	<input checked="" type="checkbox"/> Completed Date: <u>December 1/18</u> <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____

<b>Outcomes/ Impact On Practice</b> (How this leaning impacted my practice)	<b>Evidence Supporting Goal Completion</b> (Certificates, course material, books, notes, dates, etc.)
--	--

<p>Check all that apply and provide reflection:</p> <p> <input type="checkbox"/> Validated my practice  <input checked="" type="checkbox"/> Enhanced my practice  <input type="checkbox"/> Expanded my knowledge  <input checked="" type="checkbox"/> Increased my awareness of existing resources  <input type="checkbox"/> Other _____         </p> <p style="text-align: center;">Please complete the attached reflection form</p>	<p>List evidence and location in portfolio:</p> <ul style="list-style-type: none"> <li>- Notes from resources reviewed –see section 3 of portfolio</li> <li>- Copy of social story template -see section 3 of portfolio</li> <li>- Toileting tip sheet- see section 3 of portfolio</li> </ul> <p style="text-align: center;">If audited, evidence will be required to be submitted</p>
---	--



# Saskatchewan Society of Occupational Therapists

## Outcomes/ Impact on Practice Reflection Form

Name: \_\_\_\_\_ Example OT \_\_\_\_\_

Goal 1 of 2

Check all that apply and provide reflection:

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

Reflection:

Reflection located here